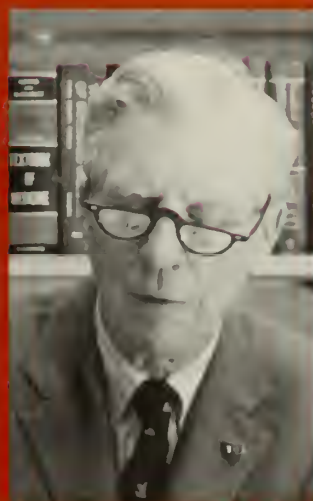


Harvard Medical Alumni Bulletin

May/June 1976



*Herrman Blumgart '21
Emeritus, 1962*



*George Thorn, M.D.
Emeritus, 1972*



*Carl Walter '32
Emeritus, 1972*



*John Enders, Ph.D.
Emeritus, 1967*



*Grete Bibring, M.D.
Emerita, 1965*



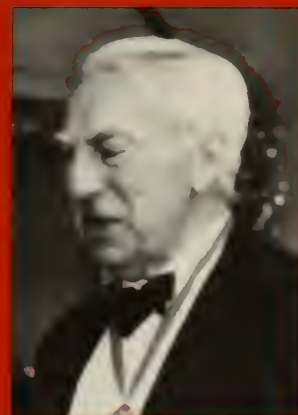
*Harriet Hardy, M.D.
Emerita, 1973*



*Oliver Cope '28
Emeritus, 1969*



*Arthur Hertig '29
Emeritus, 1974*



*John Rock '18
Emeritus, 1956*

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ADVANCES IN HOSPITAL PATIENT CARE

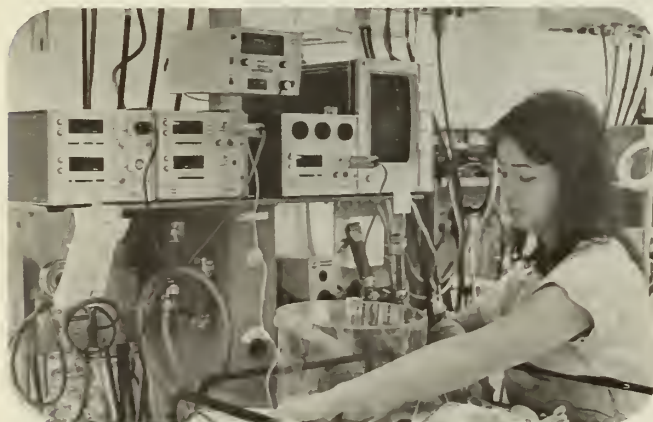
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Overview

Chasing away the malpractice blues

Seeking to free themselves from skyrocketing malpractice insurance rates and increasing costs passed on to patients, eleven Harvard-affiliated hospitals and clinics, along with the Harvard Medical School, School of Public Health and School of Dental Medicine, the Harvard Community Health Plan and the University Health Services, officially joined together on April 1, 1976 to provide insurance for medical malpractice and general liability for these institutions and for approximately three thousand physicians associated with them. The participating hospitals and clinics are: the Affiliated Hospitals Center (Boston Hospital for Women, Peter Bent Brigham, and Robert B. Brigham Hospital), Beth Israel Hospital, Children's Hospital Medical Center, the Sidney Farber Cancer Center, the Joslin Diabetes Foundation, Massachusetts Eye and Ear Infirmary, Massachusetts General Hospital (including McLean Hospital), Mount Auburn Hospital and New England Deaconess Hospital.

Controlled Risk Insurance, Ltd. (CRICO) is the new company totally owned by the participating institutions and controlled under the laws of Grand Cayman Island in the British West Indies — the "little Switzerland" of international banking, where no corporate or other income taxes are imposed. The primary policy in the program is being issued through the Lexington Insurance Company of Boston; reinsurance is carried by CRICO. Claims processing is being handled on a contractual basis by AIG Risk Management, a New York-based medical malpractice claims firm.

The premise of the program is explained in a report of the Harvard Malpractice Committee, which worked out the plan over some eighteen months under the chairmanship of Thomas O. Pyle, executive vice president of the

Harvard Community Health Plan and the program's originator. "The participants have lower than average losses from malpractice claims. Under the existing (commercial) coverage, the gains from favorable experience accrue to the insuring company and are lost to the participants. Since the participating institutions are the owners of CRICO, however, the gains can accrue to their benefit and ultimately to the consumers of their health care." CRICO coverage is set up on the basis of claims reported during the policy year, as opposed to the more costly "occurrence" formula whereby commercial carriers cover possible *future* claims resulting from services performed during the current year. During the last five years, the group collectively has been assessed only \$250,000 in claims or awards, yet had to pay more than eight million dollars in premiums for coverage this year alone.

The savings anticipated from this cooperative business venture are summed up in the following figures. Initial CRICO rates are seventy-three per cent of those charged by the state-regulated commercial carriers; by the end of the year they are expected to shrink to sixty per cent. The participants will immediately save an estimated two million dollars in premiums, and realize another two million in dividends by the year's end. For patients, this should translate into a savings of over three million dollars annually.

In the future, the new company may accept as customers other hospitals with good malpractice records. Feelers have already been extended to teaching hospitals of Boston University and Tufts medical schools; the hospitals reportedly are very interested.

The formation of the Harvard group has become somewhat controversial, because it took place without the approval of State Insurance Commissioner James M. Stone. He is certain that Massachusetts premiums will be driven

up by the withdrawal of these low-risk institutions and their seven million dollars in premiums from the state Joint Underwriting Association's twenty million dollar pool. Under the 1975 emergency legislation setting up the Joint Underwriting Association, a private Massachusetts company may not practice "risk selectivity" by accepting the best malpractice risks and leaving the worst for the underwriting pool. Commissioner Stone says that CRICO "obeys the letter of the law" by practicing risk selectivity from a base in the Cayman Islands, "but is contrary to the spirit" of the law since all its business does come from Massachusetts. So far, however, the commissioner has found no way to stop the venture.

The state will not suffer a loss of malpractice premium taxes, since the group will be paying a quarter-million dollar annual excise tax to assure the licensing of its agent, the Lexington Insurance Company of Boston, in addition to sixty-five thousand dollars in federal excise tax.

If the Harvard group's innovative way out of the malpractice insurance crisis survives and flourishes, the impact will probably be felt beyond Massachusetts. Reports the *Boston Globe* (March 14, 1976): "their example is expected to change the pattern of malpractice coverage nationally, as other groups of hospitals with similar records follow suit."

Southern California alumni gather

More than 130 HMS graduates and their guests gathered at the annual dinner of the Harvard Medical Alumni Club of Southern California, held in March at the Bel Air Country Club in Los Angeles. The evening's guest speaker, was writer Michael Crichton '69, author of many works including *The Andromeda Strain*, *The Terminal Man*, *Five Patients*, *The Great Train Robbery*, and *Eaters of the Dead*.

The Harvard Medical Alumni Club of Southern California encompasses

three hundred graduates from an area extending from San Diego to 150 miles north of Los Angeles. At the dinner, Robert Gentry '42, retiring Club president, was presented with an award for his many years of outstanding service. New officers elected for a two year term are: president, Tim Dalton '70; vice president, Jim Hughes '65; and secretary-treasurer, Claire Stiles '56. Among those present at the dinner was Gordon Donaldson '35, Harvard Medical School liaison to the Associated Harvard Alumni.

Relief fund responds to Guatemala tragedy

Guillermo C. Sanchez '49 is an assistant professor of medicine at HMS and a member of the HMAB's editorial board. Born in Guatemala, he has returned there frequently over the years. He was there during the recent emergency, and authored this account.

In the early morning hours of February 4th, the North American continent shifted slightly west and south and the South American continent east and north. Something had to give and Guatemala had the misfortune of furnishing the weak and narrow connecting land bridge, which cracked along two river valleys, causing a major earthquake with the loss of 22,000 lives. There was almost complete destruction of several highland Indian communities and major damage to other towns, including Guatemala City and the old capital of Antigua, which had been replaced as the seat of government after another devastating earthquake in 1773. Nearly one million people were left homeless and dispossessed.

This tragedy brought about an extraordinary worldwide reaction of sympathy and material assistance. Boston and Harvard Medical School and the School

of Public Health responded at once with rapid organization of efforts to assist the stricken communities. Our two schools have had a long connection with Guatemala and at the time of the earthquake, Richard Wilson '76 and his wife Karen were there on an elective course in community medicine. Miraculously, their house was one of the few left almost intact, and they worked actively in the initial days of the resulting catastrophe. Shaw Warren '77 was also in Guatemala on a leave of absence studying Spanish and he too became involved in the care of the sick and injured in a makeshift hospital in Antigua.

In Boston, meanwhile, a group of students who had been in Guatemala started an active drive for funds, and with the encouragement of faculty and other personnel, set up The Guatemala Earthquake Relief Committee, which was most successful. It joined other groups under the auspices of the Pan American Society of New England and a substantial amount was collected, which will go toward assistance in the reconstruction of some of the destroyed villages.



Earthquake debris in Comalapa, Guatemala

Dr. Nicholas Zervas and several of his present and past neurosurgical associates solicited and contributed the monies needed to supply the Roosevelt Hospital in Guatemala City with much-needed instruments: On the first day, lacking electric light and steriliza-

tion, this hospital dealt with some fifty spinal injuries, four operating tables in one room and instruments from the only available set passed back and forth.

The Massachusetts State Laboratories supplied desperately needed vaccines and plasma, and drug manufacturers, medical supply companies and individuals gave most generously. The immediate crisis was met more successfully than might have been anticipated, due to the discipline and stoicism of the Guatemalan people and the generous assistance and efforts of so many, locally and worldwide.

Now, a harder period lies ahead. It is our hope that further substantial contributions will be made for reconstruction, through the Pan American Health and Education Foundation (PAHEF) in Washington, to The Institute of Nutrition (INCAP) in Guatemala City, which has had close contacts with Harvard Medical School for years and which can best decide priorities.

Dusting off the Archives

Janet Regier prepared the material for this article when she was curator of the Harvard Medical Archives at the Countway Library. Ms. Regier is now a premedical student at Harvard.

Putting the voluminous archives of the Harvard Medical School in order has been a long-standing deferred priority for Harvard — to assemble all important contributions of a medical nature in a systematic, centralized manner that will ensure their durability and accessibility. This process was initiated in 1939, when the President and Fellows of Harvard College voted that all documents related to the University were to be preserved in the University Archives; similarly, archival material generated within the medical sphere was to be lodged in the still amorphous archives of the Harvard Medical School. It proved to be easier said than done. While starting work on a history of the

Harvard Medical School in 1961, the late Dean Sidney Burwell discovered that the Archives were somewhat at sixes and sevens: the official records of Harvard University in Cambridge; the rows of folders in army green file cabinets in the dean's office in Building A; the holdings of various medical school departments and other primary sources in Building A.

Yet a semblance of corralling the dispersed collections had begun in 1957 through the assiduous work of several library personnel: Anna Holt, reference librarian, Robert Lovett, archivist at the Harvard Business School and Ralph T. Esterquest, who was appointed librarian of the Harvard Medical Library in 1958. They patiently classified and catalogued material, using the system followed by the Business School and the University as a model. The prime mover behind the Archives was Dean George P. Berry, who seized the opportunity to seek government funding for a new library program in the years when the government waxed enthusiastic about monetary support.

Thus what was created would be a cumulative record of the interplay of scientific forces at Harvard, going back as far as 1782. The Archives were not to be just a place to lock away dull, dated and musty reams of worthless paper; indeed, they could become the key to unlocking enigmas from the past. As Dr. Burwell liked to point out, without the correspondence and papers of faculty members who were living in 1850, the murder of Professor George Parkman by Professor John White Webster would be known to the Harvard community only through Oliver Wendell Holmes's terse entry in the official minutes, "Faculty voted to ask someone else to assume responsibility for Dr. Webster's lectures during his absence."

Since 1965, those interested in tracing origins or determining effects of once obscure historical footnotes travail in the Countway Library Rare Books Room instead of on the second floor of Building A. With larger quarters, the volumes of records and memorabilia have burgeoned from four thousand in 1965 to eight thousand plus twenty to thirty file cabinets full of material pertaining to the Harvard Medical School, Dental School and School of Public



The periodical room of the library when it was on the second floor of Building A

Health. What takes up so much space in the Archives? Personal papers, correspondence, books and reprints of the faculty, students' lecture notes and laboratory notebooks, and other materials such as photographs of individuals associated with the Medical School, memorabilia and artifacts.

It was Dr. Burwell and archivist Lovett who implored faculty members to deposit all their papers relating to work done while at Harvard, in the Archives. This applied equally to keeping the letters of high-ranking administrators and the scientific publications of full and named professors. Even though it was officially stipulated that any papers written while at Harvard automatically fell into possession of the Archives, hardly anyone knew this and few paid it any heed. Richard Wolfe, Rare Books Librarian, is the liaison in seeking out the papers of professors in the medical area. It would be appreciated if alumni who have or know of materials that would be appropriate for the Archives would call Mr. Wolfe at 734-3300, extension 135.

A separate Alumni Archives was established in 1973. Its purpose is to collect books written, edited or reviewed by Harvard alumni and faculty. Books containing chapters authored by alumni are particularly welcome. It is hoped that a catalogue of publications by Harvard alumni and faculty may be one tangible result of the Alumni Archives. We are pleased to print a roster of those who have presented the Countway with their own printed works:

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If we have inadvertently left off some names of alumni or faculty who have also contributed their books, we apologize. Alumni Archives books, which should be so designated, can be sent to Mrs. Ann Carr, Acquisitions Department of the Countway Library, 10 Shattuck Street, Boston, Massachusetts 02115.

WHMS-TV . . .

"Everyone involved felt . . . a little bit like Marconi," said moderator Manfred L. Karnovsky, M.D. into the microphone. He was seen and heard not only by those seated before him in the capacious semicircle of Amphitheatre E, but also by four additional audiences: in Amphitheatre C and in the Cannon Room in Building C in the medical area, and — a first in Harvard history — in the new Science Center and at the Biological Laboratories, both on the Harvard University campus in Cambridge.

The date was the first week in March; the occasion was the 1976 Dunham Lectures, delivered by Sir Alan Hodgkin of Cambridge University, England; and the historic event was the first television transmission between the Harvard medical area and the Harvard University Cambridge campus.

Roosting atop Building 1 of the Harvard School of Public Health are a new microwave dish and television antenna, which eagle-eyed observers may discern are pointed directly toward a similar rig on the roof of stately William James Hall in Cambridge. Mortimer Litt, M.D., Assistant Dean for Teaching Resources in the Faculty of Medicine, proudly declares: "The medical area now has the capability of transmitting a large variety of programs — lectures, seminars, conferences, administrative meetings, research information, consultations, and the like — to any affiliated institutions, within a fifteen-mile radius, which are equipped with microwave receiving facilities." Already equipped both to receive our programs and to send us their own is the Massachusetts Institute of Technology, and Dr. Litt predicts that "as parking and transportation become increasingly noisome," many Harvard-related hospitals and labs will choose to let their fingers do the walking, and simply flip a switch and settle into their seats.

Future medical area broadcasts will emanate from a studio and production facilities in the Kresge Building of the School of Public Health; a second studio is located in the School of Dental Medicine. The medical area transmitter can operate on two separate channels simultaneously. Within the vicinity of the microwave communication equipment, various buildings can be made capable of receiving and transmitting programs via coaxial cable. Cable links now exist among the three medical area schools, and between the medical area and the Peter Bent Brigham Hospital; in all, twenty-one Harvard University buildings here and in Cambridge are interconnected in this way.

The Office of Teaching Resources is now open to requests for program scheduling — with the understanding, emphasizes Dr. Litt, that transmission will be on a limited basis and that sufficient advance notice is required. Overall coordination of the University's television facilities is the responsibility of the Office for Information Technology (OIT), under the direction of its associate director, Alfred A. Pandiscio, Ph.D. Programming for the Science Center and for the Biological Laboratories will be coordinated by Carroll M. Williams, Ph.D., M.D., the Bussey Professor of Biology; and by Alwin M. Pappenheimer, Jr., Ph.D., professor of biology, respectively. In the medical area, the program's technical facilities will be directed by Robert A. Sheahan, coordinator of audio visual services, Harvard Medical School.

First social psychology professor named

The appointment of Elliot G. Mishler, Ph.D. as the first professor of social psychology in the department of psychiatry at the Massachusetts Mental Health Center is "an extremely important development for the behavioral sciences at Harvard as well as for the department of psychiatry," notes Miles F. Shores '54, the Bullard Professor of Psychiatry at Harvard and superintendent of the MMHC.

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Dr. Mishler has been affiliated with the MMHC since 1959, when he established the Laboratory of Social Psychiatry and initiated a postdoctoral research training program, relating the social and behavioral sciences to mental health, in which forty fellows have participated thus far. As a result of that program's success, the National Institute of Mental Health has patterned a new fellowship support program for research training after it.

Under the direction of Dr. Mishler will be the program in social psychiatry, which includes community programs as well as a program of behavioral science research that will be implemented at the MMHC and other institutions affiliated with HMS; a similar research program may be established at the West Roxbury Veterans Administration Hospital in the near future.

Internationally known for his basic studies on group and family interaction, Dr. Mishler has worked with Nancy E. Waxler, Ph.D., assistant professor of sociology in the department of psychiatry, on several research interests — a study of psychiatric referral decisions that led to his investigation of the problems of epidemiological research, and experimental work on family interaction and schizophrenia, from which Drs. Mishler and Waxler published two books, *Interaction in Families* and *Family Processes and Schizophrenia*, and numerous papers. Dr. Mishler currently is studying sociolinguistics, specifically the language of first-grade school children and their teachers. His next project will be an examination of changing family relationships among middle-aged adults.



Dr. Mishler

Editorial

A Pride of Emeriti/ae

The *Bulletin* takes great pride in publishing an issue devoted especially to professors emeriti/ae. We have had a great deal of pleasure in getting it together, since these people are also old friends, most especially to those who undertook to interview and write about them. We are confident that our readers will share our interest in how they came to be what they are, and what they are thinking and doing today. We have tried to focus on these things, rather than on the specifics of achievement in medicine and science and the awards and honors that they have earned.

Our little selection of emeriti/ae includes a broad range of medicine and biology, from psychiatry (Dr. Bibring) through engineering and surgery (Dr. Walter). Women are broadly represented — Dr. Hardy's industrial medicine is a world away from Dr. Bibring's psychoanalysis. In basic science, we boast a Nobel prize winner, Dr. Enders. Surgery, represented by Drs. Cope and Walter, is balanced by medicine, represented by Drs. Blumgart and Thorn. And then a favorite subject of your editor, reproduction, is given its due in the persons of Drs. Hertig and Rock. Our choices did not favor recent retirees over older ones or vice versa: the mean year of retirement for those in the sample (1967.8 ± 5.6 SD) was not significantly different from that of those not in the sample (1968.4 ± 5.8 SD).

Nevertheless, we owe an apology to our emeriti/ae and our readers. We are by no means satisfied with our sample of only nine out of eighty-one similarly distinguished professors. We know that our readers will be dissatisfied, too, and we invite them to share the problem that confronted us.

Past discussions among *Bulletin* editors about how to obtain a scientifically representative sample of the great men and women of our faculty have always ended in the feeling that it was impossible. Nonetheless, when we old grads want to know about HMS, we need to know, among other things, about the faculty. And it is the job of the *Bulletin* to answer that need, even if imperfectly.

Our imperfect solution to the problem has been to follow the line of least resistance. We had a few enthusiasts and a few ready writers, and our subjects were readily accessible. The result is as it is. Very different people are discussed in very different ways — just what you'd expect of a multi-authored work. We do think that it all was much better than not to have tried, and we hope you'll agree.

G. S. Richardson '46

"Why not continue working?"

by Sanford Gifford

Since 1965, when she retired as chief of psychiatry at the Beth Israel Hospital, Grete Bibring has been besieged by inquiries about the role of professional women. As a woman physician, a teacher and a psychoanalyst, her views are sought on various topics, but underlying these questions, true to our native concern with "how-to-do-it," there is a great curiosity about Dr. Bibring's own professional life. She responds patiently to these repetitious inquiries, overcoming her natural reticence in the spirit of a good teacher who has never stopped teaching. As she recalls her career, the interviewer finds himself sharing her simple question, "Why *not* continue working?" rather than marveling at her ability to keep active. Although she admits she is a maverick, for the many adventurous paths she has taken, she quietly explains that these unusual things were done "in a very simple way." The same matter-of-fact attitude is characteristic of her entire professional life — a quiet self-confidence completely free of false modesty tempers our adulation. In short, she is pleased but not overawed by her own accomplishments, especially of being the first woman professor at Harvard Medical School.

Like many retired medical professors whose clinical work continues full time, Dr. Bibring sees as many patients, in the same tightly-scheduled nine to five office hours, as she always has. Perhaps she is luckier than most in having an office at home and a specialty that enables her to practice in spite of some physical infirmities. She has given up the administration of the psy-

chiatry department, the teaching of medical students and house staff and, more recently, her training-analyses (but not her supervision) of psychoanalytic candidates. She has used this time to conduct an elective seminar at the Radcliffe Institute, to write papers and to join a new analytic group in planning an experimental curriculum.

Just before her retirement in 1965, Dr. Bibring was invited by Mary Bunting, then president of Radcliffe, "to take some part in the education of this college in your backyard." The result of this invitation was an elective seminar, open to sixteen young Radcliffe women, later augmented by interested Harvard men. They met for one evening a week at Dr. Bibring's house, across the street from the Hilles Library. The title of the seminar was non-committal, "Women's Education," later "The Educated Woman," and finally "Educated Men and Women." The format evolved as a free Socratic dialogue, in which Dr. Bibring held both herself and her students responsible for defining their statements and their supportive evidence. She avoided didactic exposition but she stated, at the outset, her objections to the atmosphere of group therapy or a "sensitivity group," and her preference for a rational discussion of realistic issues. The topics covered the "purpose of education," their plans for the future, the psychology of pregnancy, which had been a major research project of Dr. Bibring's at the Beth Israel, the changing patterns of sexual behavior and career choice, and everyday problems of coeducational living in Radcliffe and Harvard dormitories.

The past decade has spanned an unusual transition period, from the protest movements of the late 1960s to a present day complacency or disillusion

with their results, and thus interesting changes were evident among the different groups of students. In the first year, only three of Dr. Bibring's sixteen students believed that their careers were of primary importance, compared to marriage and children. By the eighth year the ratio was reversed, and only two students could consider marriage an exclusive occupation. From an initial uneasiness between men and women sharing the same dormitory, there has been a period of comfortable acceptance and, more recently, some reconsideration among the women translated into a wish for more occasions of all-female companionship.

The past decade has also been a period when psychoanalysis was widely, and often unjustly, attacked as a doctrine of social conformity and male supremacy. Dr. Bibring was able to interpret Freud's nineteenth century views of the woman's role more sympathetically. She could give a more balanced view of analytic theories of female sexual development through her understanding of Freud's background, his professional relations with women colleagues and the evolution of his scientific thinking. She could suggest the importance of some biological elements in the psychological differentiation of sexual roles, and advocate the currently unpopular view that not all sexual attitudes are culturally determined. Her clinical experience over many decades with young women, in consultations, research observations and analysis, enabled her to give an unusually clear and evenhanded view of feminine psychology. She encouraged her students in overcoming self-devaluing attitudes toward their intellectual abilities, and she also helped them acknowledge some uneasiness in their new sexual roles, resulting from the same moral constraints that had affected their mothers. Her methods were teaching

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and rational discourse, however, not group psychotherapy. The personal insights that her students described, in their discussions and in their published letters and articles, came indirectly, from increased self-understanding and from their relationship with Dr. Bibring, as a woman exquisitely poised and at ease in her professional role.

For Dr. Bibring, the problems of youth in a period of disturbing socio-political change were very familiar from an earlier period of turmoil in Europe after the First World War. This was the era of Thomas Mann's "Disorder and Early Sorrow," when Dr. Bibring herself was completing her education and beginning her professional career. Problems of youth also fitted into a major interest of her scientific life, her abiding view of psychoanalysis as a theory of normal growth and development. Freud's original concept of psychosexual development had been extended by Erikson and others to consider the entire life cycle in terms of "normal maturational crises," from infancy to old age, each with its predilection for certain characteristic conflicts, however variable and diverse in different individuals. Dr. Bibring's research on normal pregnancy, carried out at the Beth Israel over many years with various collaborators, had been an important contribution to this developmental approach, and her interest in the problems of healthy young college women was a sequel. In 1966, the first year of her retirement from the Beth Israel Hospital, she turned to the problems of normal aging in a paper, "Old Age: Its Liabilities and Assets, A Psychobiological Discourse."

In this rich and imaginative essay, Dr. Bibring reviewed the scanty psychoanalytic literature on aging, including Freud's pessimistic views which were belied by his own continued creativity during the last years of his long life. Without concentrating on the pathology of aging, Dr. Bibring addressed herself to "the special tasks which confront the aging person, and . . . the losses and gains which occur normally and characteristically in this phase." She asked whether "distinctive functions" can be identified in late life that represent "an age-related special form of achievement." These special forms of achievement are more likely to be found in those who have mastered the cumulative emotional losses and physi-

cal limitations of aging. She found favorable factors in "a life that had its measures of instinctual gratification," an ability "to tolerate narcissistic injuries without serious regressive reactions" and a superego-structure flexible enough to tolerate unavoidable changes in customary standards. For the resilient person who had made a successful adaptation to the acute crises of bereavement and retirement, the reduced intensity of instinctual striving and the relief from heavy work commitments may provide "a freedom from outer and inner pressure which may never have existed before in this form." This means an increased appreciation of the simple pleasures, of food and physical comfort, of care and attention from others and of regular daily routines.

Dr. Bibring emphasized that the aging process may include the rediscovery of previous intellectual pursuits and pastimes. These early interests, often neglected since childhood or adolescence, yield a new capacity for enjoying "the subtler pleasures of an aesthetic or intellectual nature." Dr. Bibring had once used a very beautiful simile to describe this reappearance of "undisturbed and undisturbing" early trends during the aging process. She compared the re-discovery of childhood and adolescent interests, during the waning of adult sexual and aggressive drives, with the evening stars, which have been present all through the day but only become visible at sundown.

Finally, she synthesized some characteristic assets of the aging person: with the reduction in instinctual intensity, he is "less emotionally involved in people and issues," less stirred by their virtues but more tolerant of their faults. With some loss of recent memory and a need to avoid intense incoming stimuli "which render him inattentive . . . he is also less distracted and influenced by them." The result is a characteristic turn toward inner thoughts, reminiscences and the accumulated knowledge of past experience, which in some primitive societies gave rise to "the image of the magician, the priest and the prophet. In more rationally oriented cultures the equivalent role . . . is the counselor, the arbiter, the elder statesman."

This is not the place to review Dr. Bibring's major scientific work before 1965,

or to acknowledge her well-known contributions to general hospital psychiatry. Her application of psychoanalytic understanding to the average medical and surgical patient, however, was an approach to the experience of illness as a kind of "normal maturational crisis." Her observations on healthy young college women, and on aging as a normal developmental phase, followed naturally from this point of view. Her reflections on aging also have a direct bearing on the problem of continued professional activity after retirement, and her own productivity illustrates its possibilities. Since 1965, when she became sixty-six, she has published ten articles and two books, and taken part in many lectures and discussions, the most recent being a major address, "Freud and the Understanding of Human Nature," presented in March at an MIT lecture series on contemporary views of man by various eminent scholars and scientists. Last year she made a documentary film, directed by Mary Feldhaus-Webber for educational television, in which she was interviewed by Dr. Oliver Cope and presented her views of psychoanalysis for a general audience.

Just as the last decade happens to span a lively transitional era, Dr. Bibring's life includes the best and the worst of Western European history, from the high tide of fin-de-siècle Austro-Hungarian culture to the amalgamation of the diverse elements that make up the "modern temper." Born in 1899 — "just in the nick of time," as Thoreau wrote about his birth, to have touched that halcyon century — Grete Lehner was the youngest child of a well-to-do manufacturer, with two older brothers and an older sister. Her parents belong to the cultivated Jewish *haute bourgeoisie*, free-thinking (*Konfessionslos*), liberal and thoroughly assimilated, that contributed so much to the intellectual life of Vienna. They lived comfortably, on Siebenstern Gasse in the 7th District, just beyond the Burg Ring, the Hofburg and the Art History Museum.

Dr. Bibring's childhood and youth included the brilliant years of peaceful change, the era of Mahler's last works and the early ones of Schoenberg and Webern, of Hapsburg conservatism and increasing interest in radical socialism and Zionism, of baroque

palaces and the “new architecture” of the Sezeession. This era came to an end with the Great War.

From 1910 to 1918 she studied at a typical private day school of the period, called the “Humanistic Gymnasium for Girls” because Latin and Greek were taught intensively, as well as the sciences, German, French and English literature and three detailed courses in world history. Dr. Bibring seems to have enjoyed almost everything within this tightly-packed, highly regimented curriculum, and she even found time to study shorthand and win a competition against a “commercial” girls’ school. She was not a “goody-goody,” but she was something of a bookworm, determined to read books by authors from every country in the world. Her first passion was for Greek and Latin literature, having learned to read the ancient authors fluently in the original. Then she became a proficient botanist, from her solitary walks in the neighboring woods and mountains. Her next interest, in chemistry, was blocked by a “dyslexia for numbers,” as she calls it, although her mathematical reasoning was good and she did well in geometry and physics. At sixteen, after hearing about psychoanalysis in psychology class, she paid a visit to Freud’s publishers and asked to be recommended a book. “Wit and Its Relation to the Unconscious” seemed dull and incomprehensible, but she returned for another and “The Psychopathology of Everyday Life” proved more interesting.

After completing her *baccalauréat* in 1918, at the age of seventeen, Grete Bibring decided to study medicine at the University of Vienna. Her decision seems almost mysterious, perhaps because it was made in such a natural, matter-of-fact way. Her parents were encouraging about her pursuit of any course of study, and they supported but never pushed her choice of medical school. There were no physicians among her family or friends, and no other obvious influences, except her father’s love of learning.

Whatever combination of factors tipped the balance between Dr. Bibring’s broad scientific and literary interests, the die was cast as soon as she entered her first anatomy class, under the brilliant but irascible Professor Julius Tandler. When she took her final oral examination, after five semesters in the



dissecting room, Tandler questioned her for a whole day. Then, with his well known ambivalence toward women students, he announced that he was reluctantly obliged to give her the very highest mark. She recalls her anatomical studies with real passion, as a “beautiful,” deeply esthetic experience, in which everything hidden was made clear. She was also fascinated by internal medicine and became a skillful clinician, with an intuitive ability to make original diagnoses. In contrast to her anatomy final, she passed with highest honors in medicine after a few minutes, by recognizing an aneurysm of the aorta from some distance, just as the patient was being wheeled into the room. To this day she is more interested in reading the latest *New England Journal of Medicine* than are most of her psychoanalytic colleagues.

Medical school was much more than anatomy and medicine, with its totally elective system and liberty to study any number of years before graduating, and the freedom of University life was an exhilarating contrast to the regimentation of *gymnasium*. Dr. Bibring took phi-

losophy courses and attended lectures in other faculties of the University, and she enjoyed weekend outings with her fellow-students, biking, skiing, mountain-climbing and swimming in the Danube. She soon met her future husband, Edward Bibring, a classmate who, as a war veteran, was accelerating his studies, and they were married in 1922. She also became seriously interested in analysis, and when a study group was announced in anatomy class by Otto Fenichel, she suggested to Edward Bibring and Wilhelm Reich (sitting on either side of her) that they join. The four students formed the nucleus of their own seminar. They read Freud’s papers together and attended the meetings of the Vienna Psychoanalytic Society, where they felt warmly accepted. Both the Bibrings, Reich and Fenichel became members in 1924, the same year that she graduated from medical school. Dr. Bibring’s first patient was a complex, extremely difficult individual with multiple perversions who would probably be considered unanalyzable by present day analysts, and certainly not suitable for a beginner in psychoanalysis. Compared to the elaborate

regulations and committee structure of the past forty years the early years of analytic training were quite informal. Dr. Bibring's didactic analysis with Hermann Nunberg, for example, was undertaken during her medical school studies, and resumed in a follow-up analysis (*Nachanalyse*) after she had been practicing for several years. Although since 1910 a didactic analysis had been considered an essential requirement for becoming an analyst, Freud later recommended a *Nachanalyse* after every five years, and this had become the custom in the Vienna Psychoanalytic Society.

As one of half a dozen female students in her class, Dr. Bibring was not overly self-conscious about being a pioneer woman physician. But her marriage to Edward Bibring, while both were still students, was considered unusual. The decision was made to marry then, as she now recalls, primarily to relieve her mother's anxieties about the free hours between classes. Her mother could never understand why her daughter did not come home, instead of spending her time with her classmates, in one of the many nearby cafés, where most students met, talked, ate and did their studying.

Again this is not the place to describe their contented marriage and professional life together, until Edward Bibring's death in 1959 of Parkinson's syndrome. They had emigrated to London, after the Nazi occupation of Vienna in 1938, where they were active in the British Psycho-Analytic Society, and in 1944 they settled in Cambridge. Among a number of "analytic couples," the Bibrings were known for their evenly-matched abilities, but with a certain complementarity that created different areas of interest. Edward Bibring's distinguished series of theoretical studies began in Europe and continued here, while Grete Bibring's clinical interests were stimulated by her encounter with the American scene, creating from the best of both worlds her own characteristic applications of psychoanalysis to general hospital psychiatry. For all her pleasure in the richness of European culture, she was genuinely enthusiastic about American customs and the scientific community of Boston, to which she adapted very quickly. She retains the best of both worlds in her present way of life, at ease among her books and

paintings, her antiques and Oriental carpets, and her European cook. But her appetite for the new and contemporary is undiminished, from the latest scientific discoveries to local Cambridge politics, from the movie *Nashville* to attending the second seder in her life.

Her enjoyment of novelty raises one topic that must be mentioned in any realistic discussion of professional activities after retirement. This is the problem of physical infirmities, which have seriously limited her freedom of movement. Travel had been one of her greatest pleasures, as a child with her family, in the long European vacation trips she took with her husband and in the incessant travel to scientific meetings and conferences in America. In 1963, when she was at the Stockholm Congress of the International Psychoanalytic Association, she had her first spontaneous fracture, from a slowly progressive osteoporosis. Since then she has had many compression fractures, leading to a variety of complications. Always a small, slender woman, she has lost five and a half inches of sitting height and calls herself humorously "a legal dwarf," because she is half an inch shorter than four feet ten.

She has adjusted to these afflictions with an equanimity that enables her to handle their restrictions realistically, as a physician, and to describe the ironies and frustrations of treatment with some humor. She displays a quality said to be rare among physicians: she remains a very "good" patient, who trusts her five different physicians and follows their advice. Thus, even in dealing with illness, which makes monsters of the strongest physicians, Dr. Bibring retains those qualities of reason and "naturalness" that have characterized her career, her scientific thinking and her teaching.

These consistent qualities are difficult to describe without giving the false impression that Grete Bibring has lived a charmed life, or the forbidding one that she is a perfect human being. Such an impression would offend her, but perhaps she could acknowledge being a nearly perfect teacher. She is known for her skill in making complex issues clear, as if one had always understood, but with a freshness and originality, as if

hearing the truth for the first time. Although her witty, vivacious style is often called "charming," there is none of the seductiveness and self-indulgence usually associated with this term. Although her intelligence is formidable, she is never overwhelming or humiliating to her students, because her respect for their intelligence instills confidence and enables them to think more clearly. She welcomes controversy and enjoys her critics, with a lack of defensiveness that enlivens discussion but reduces acrimony and malice. Her supreme art is the ability to point out the most painful truth without inflicting injury, and she expects the same stringent honesty from others. Intuition is a powerful element in her thinking, but there is no aura of mystery or magic about her powers, no Pythian vapors or knowing sibylline smiles. She inhabits the shores of light, a true Apollonian who penetrates the unconscious and brings its contents into the open air of reason.

Dr. Bibring herself will admit that she is a "camouflaged perfectionist," who dislikes pretentious erudition but has an unbridled passion for learning new information, down to the most minute detail. Intolerant of inaccuracy, she cannot resist looking up the etymology of unfamiliar words and correcting the mispronunciations of her friends. Her father once told her, "You have the best judgment of anyone I know, completely untrammelled by factual information."

Nevertheless, her passion for factual knowledge forms a continuous thread in her life, from the avid, eternal student to the perfect teacher. Her tact, her genuine modesty in using her knowledge is her own contribution. She once compared teaching, psychotherapy and dancing, in which an exquisite sense of the partner's needs, "as if you were the other person," enables both to think, feel and move as one. Thus her learning remains unobtrusive and the intuitive, instinctual elements in her teaching are unchanged by aging. The only real change within the past ten years is an increasing tolerance for imperfection, in herself and others, enabling her "to see more clearly the weaknesses of one's friends and the virtues of one's enemies."

Herrman Blumgart '21

*"Teacher and student, student and teacher
form an endless chain
down through the years"*

by A. Stone Freedberg and Milton W. Halmolsky

It has been two years since Dr. Blumgart suffered a cerebrovascular embolic accident. While improved, he has not been able to return to the work that had made his emeritus years virtually no different in their productivity from those that went before. It had been hoped to present an interview with Dr. Blumgart so that the reader who did not know him could develop a more personal view of him and what he represented. Since this has not been possible, we have constructed a picture of him based on our experience, on what he has said and what others have written about him. We see him as he once was and still remains for us who were fortunate to come under his tutelage.

A. Stone Freedberg, M.D. was senior physician and director of the division of medical research at the Beth Israel Hospital and professor of medicine at HMS until 1974 when he became professor of medicine, emeritus. He is now a staff member of the Harvard University Health Services. Milton W. Halmolsky '46 worked with Dr. Freedberg at the Beth Israel for fourteen years as an associate in medical research, and was an assistant professor of medicine at HMS. He is currently physician-in-chief of medical services and director of the division of research at the Rhode Island Hospital. Dr. Halmolsky moved to Providence twelve years ago to participate in the new medical school at Brown University and was the first professor of medicine there. He now holds the position of professor of medical science, Brown University Program in Medical Education.

Dr. Blumgart has been "of Harvard, by Harvard, and for Harvard" for over half a century, from 1913, when he entered Harvard College, until 1962, when, after sixteen years as professor of medicine at HMS and as physician-in-chief of the Beth Israel Hospital he "retired into increased activity" for another decade as special consultant to the dean; member of the central admissions committee and of its subcommittee for Harvard, Radcliffe, and MIT; master of the annual introductory lecture to the freshman HMS registrants on the glories of the science and art of medicine; private physician; consultant physician in Harvard's Health Services; president of the HMS Alumni Association; journal editor; counselor to "Herrman's boys;" and, right to the present, hard working student of electrocardiography (again). For many alumni(ae) of HMS and the BIH, Herrman is both a part of us and a part of Harvard and BIH to a degree, and of a kind, unequaled by any other individual.

The great Dr. Francis Peabody played a similar role in Herrman's life, and created a model of the teacher-student relation that became enshrined in Herrman's philosophy. "My mentor in my fourth year clerkship, in my first published research, in my internship, and later as my chief at the Thorndike Memorial Laboratory," he recalled Dr. Peabody in his George W. Gay Lecture on Medical Ethics in 1963. "After all, teacher and student, student and teacher form an endless chain down through the years." In his 1961 Class Day Speech, Herrman recounts a favorite example of this immemorial process, from his own callow student years. Confronted by the strange convolutions

and intricacies of the cerebrum in freshman anatomy, one day he walked naively into the operating room to observe Professor Harvey Cushing at work. Dr. Cushing asked the gowned and masked visitor his name and place of practice. "Please sir, I am only a beginning first-year medical student in anatomy." Instead of the expected eviction, Dr. Cushing asked for a Gray's Anatomy and, step by step, demonstrated the anatomic structures as they were exposed. "This episode," exults Dr. Blumgart, "is endlessly repeated throughout our school; the recipient of one generation becoming the donor in the next. It is a genetic trait of every HMS department."

During Dr. Blumgart's "active" tenures, the tall, commanding bearing, dark hair, unmistakable aquiline features, and gentle eyes radiating warmth have become familiar to thousands of heart patients, over four thousand HMS students, and three hundred BIH house officers and fellows (more than half are now professors or department heads). His contributions to the medical literature total 162 personal publications and 850 from the BIH medical service and medical research department.

As physician-in-chief at the Beth Israel, his leadership was clear. Long before the "human research committee," he insisted upon a continuous self-questioning by the clinical researcher. The risk to the patient or subject and the possible benefit were central issues. Many a bright idea was turned down, gently but firmly, under his BIH policy of critical, frank, and exhaustive peer evaluation, dissection, cross checking, and reevaluation. No one plunged more wholeheartedly into the

give and take than did "The Boss" himself; but no one mistook for long his final "Now, doctor. . . ."

Since Herrman became emeritus, expression has been given on many occasions to the profound impression he made and the deep regard he inspired over the years. In introducing Dr. Blumgart's Gay Lecture, the president of the third year class (it was Michael M. Stewart '65, now associate professor of community medicine at Mount Sinai School of Medicine in New York) extolled Herrman's passion for research, the high quality of his publications, his personal role in building the Beth Israel Hospital to its position of eminence, his high personal standards, judgment, and imagination, his generosity and friendship, his traditional first-day freshman clinics which, in one hour, subtly created an image and goal of the fine balance between scientific knowledge and clinical acumen. He concluded: "his true greatness lies not in this dramatic biography, nor in his numerous scientific achievements, but in his radiation of a whole constellation of personal qualities that few men are blessed with. He combines a keen, vigorous mind with a firm and gentle manner. He is a lively teacher and a devoted scientist; but above all, and at all times, a gentleman as if by instinct, Dr. Blumgart is truly beloved by the Harvard Medical Community."

On the occasion of the award of an Honorary Doctorate of Science from Harvard University in 1962, President Pusey saluted Herrman Blumgart as: "Distinguished Physician, Harvard Teacher, Imaginative Experimentalist; his ear is ever attuned to the heartbeat of mankind."

In 1969, the Society of Nuclear Medicine, in honoring Dr. Blumgart as the first physician recipient of the Nuclear Pioneer Award (other awardees included Lawrence, Becquerel, Curie, Fermi, Rutherford, Failla, Hahn, and G. Lewis), noted that in developing new methodology with radon C to study the circulation in man in the early 1920s, he had "developed a 'Geiger' chamber four years before the G-M tube, a natural radioactive tracer ten years before artificially produced radioactivity, the production of a radiopharmaceutical twenty-eight years before the industry existed, and he was practicing nuclear



medicine thirty years before its Society was founded." Tribute is also paid to the Blumgart maneuver of preventing loss of radioactivity during preparation and transfers and possible contamination of the laboratory by the "simple expedient of not having either detection instruments or health physicists in the area." And lastly, "few procedures in medicine are associated so closely with the name of a single man as are the studies of thyroidectomy and the heart with Herrman Blumgart."

The extra-Harvard community respected him, also. When in 1962 Dr. Louis Zetzel '34, chairman of the Committee to establish the Herrman Ludwig Blumgart Professorship of Medicine at HMS announced with pleasure and satisfaction the successful completion of the fund drive in only two and a half years, Dr. Abraham Sachar, former president of Brandeis University and a consultant expert in such matters, exclaimed: "If I had Herrman Blumgart to sell, I would have completed the drive in a month!"

Typically, Herrman met accolades with humor and modesty. In 1970, in honor of his seventy-fifth birthday, an outpouring of letters came from friends and colleagues, former house officers of the BIH, and students of HMS. In a deeply moving demonstration of professional and critical appreciation, personal gratitude, respect, admiration, and love approaching reverence for this one man, each writer cited unique and highly significant life experiences — personal or professional or, most often, both — so that "something of him will be a part of me forever." Herrman responded to these and many other tributes and honors by quoting President Eliot: "Praise is not particularly harmful to a person unless he inhales." Often, when commended for his early days of significant accomplishment and brilliant promise, he would recount one of "his four jokes," — this one involving his devoted brother. "Leonard, I don't think I'm the man I used to be." Replied Leonard, "You know, what's more, you never were."

To his patients and to those who worked and learned at his side in the hospital, there was another dimension to Dr. Blumgart's character — a warmth and thoughtfulness, expressed less in words and facial expressions than in his actions, and in the soothing effect — intangible but potent — of his presence. He would often go out of his way to "happen" to be around when a patient he knew was afraid of it had to get "stuck" or undergo an unpleasant procedure. By starting up an animated conversation, Dr. Blumgart would keep the man's or woman's attention distracted until it was all over.

To hundreds of HMS alumni(ae), Herrman is probably best known for his introductory lecture on registration day, begun at the invitation of Dean Berry in the early 1950s and continued annually until 1971. In the words of Norman Geschwind '51 and James Mulvihill '66: "In one hour [he] encompassed the beauty of intellectual and diagnostic acumen, the balanced blending of the science and the art of medicine, professional concern and grace, personal warmth and concern for a human being, and genuine humility — for many of us never quite matched again." The Class of 1957, too, was unforgettably impressed by the Blumgart aura: "The first day we met, even before our official duties at HMS, you made us feel we were physicians. For that kindness, and for your continued warmth, clarity, and inspiration, we dedicate to you the 1957 Aesculapiad."

One additional facet, probably unappreciated by current first year students but familiar to those who know him well, merits retelling. Herrman prepared for his annual talk to freshmen with the same total immersion, demand for perfection, meticulous checking and re-checking of every detail, every reference, every phrase, as characterized all of his own publications and talks, however "major" or "minor," and as demanded of each and every contribution from his BIH staff. Before one such occasion, a resident checking some last minute arrangements greeted Herrman who also came to "check" fifteen minutes before the students were to arrive. His "Good morning, Dr. Blumgart" was ignored. But later, after the talk, Herrman found him to explain: "I'm sorry, but after all these years, I still get so tense and anxious before a talk, with

palpitations and sweaty palms and the sinking feeling that I've forgotten everything I ever knew, that I'm afraid I really didn't see or hear you." This contrasted with the complete command he always displayed during this and other talks. Charismatic, he did not need to act or orate, he rarely gestured at the podium or beside it; reading a talk or not, he knew the material so thoroughly, he rarely hesitated and never used a redundant word or a repetitive syllable.

Another post-emeritus role which endeared Herrman to innumerable medical, dental and public health students, as well as employees and faculty members, was as consultant physician to the Harvard Medical Area Health Service. He "deprived HMS students of a cherished privilege — namely, complaining about the poor services," said Dana L. Farnsworth, then director of Harvard's health services. Herrman's response was typical: "You don't treat medical students, you engage in debates with them."

Following Dr. Blumgart's retirement in 1962, Dean George P. Berry, seeking to avoid loss of the rich relationship which existed between Harvard Medical students and Dr. Blumgart, appointed him (early in 1963) as special consultant to the dean of the faculty of medicine, directly involved with the admissions committee. When Dr. Ebert became dean in 1965, he asked the Corporation to reappoint Dr. Blumgart to this post. In the ensuing years, Herrman, whose consciousness had always been "raised," became particularly interested in plans to admit more women and minority students to the School; Dean Ebert considered him the senior statesman of the admissions committee.

Dr. Blumgart served for ten years on the HMS central admissions committee and for four years as chairman of subcommittee I for Harvard, Radcliffe and MIT. "Perceptive insights, sagacious concern, the brilliantly incisive (and usually decisive) summation, relentless search for excellence, stabilizing balance of demanding self-criticism and the relaxing pleasant humor, more understanding of the thoughts and feelings of contemporary youth than most of us whose vintage lay midway" — these are some of the judgments of his co-members. In his Boston City Hospi-

tal Centennial Speech (June 1964), Herrman reflects on many of the diverse problems involved in "Preparation for Medical School and Recruitment of Candidates." He begins with his traditional historical perspective, pausing to note wryly that in the late 1800s, "the medical student was likely to be one son of the family too weak to labour on the farm, too indolent to do any exercise, too stupid for the bar and too immoral for the pulpit." He then summarizes forthrightly the principles that guided his decisions while on the admission committee: diversity to fill medicine's "house of many mansions;" excellence in some sphere (apparent in positions of leadership among fellow students or ancillary interest in the humanities, sociology, or sciences); a track record of a sense of craftsmanship and perfection evidenced by "A" grades in at least some subjects; evidence of imagination and intellectual curiosity, emotional stability, sound motivation, and the "elusive quality of character and capacity for growth." Recognizing, however, that "the art of living (and medicine) is to make accurate guesses on the basis of inadequate evidence," he supports the occasional "calculated risk for the outstandingly brilliant but unstable candidate in whom the possible rewards may outweigh the recognized risk."

He strongly endorses the synergism of the vocational and the liberal education — "liberal education establishes the meaning and the context in which professional education should thrive. Nor should one forget that a knowledge of science itself and its contributions to human progress are as essential to cultural development as is an awareness of the contributions of history, philosophy, and religion. Science and the humanities must go forward together, hand in hand." In the same speech of over a decade ago, he challenges the medical profession to "utilize adequately the contribution women can offer as an untapped resource." He concludes with a series of piercing questions and challenges — improvement of counseling throughout the educational continuum, changes in admission criteria necessitated by the increased body of scientific knowledge and the changing nature of medical care, diversification of premedical education and flexibility of the medical curriculum, individual or collective commit-

tee biases, the need for improved predictive methodology and its associated correlation of criteria and subsequent performance, and — sensitively — further study of the fate of rejected applicants.

At the other end of the medical school experience, Dr. Blumgart's speech at Class Day in 1961 outlines what he views as the encompassing challenges to the medical profession:

1) To master or at least accommodate to the vastly increased accumulation of knowledge. "As specialization becomes more and more necessary, the perplexed patient will search more avidly for the broad visioned physician. . . . Never before has it been so imperative for each of us to know *what* we know and to know *equally clearly* what we do *not* know. In no profession is it more important to know oneself. Learn *how* to think rather than *what* to think. Only cultivation of the learning process itself, the ability to evaluate evidence, will enable you to discern the true meaning of the unfolding scene. . . ."

2) To make available to modern society the new knowledge and skills. "Medicine can and must serve society to fulfill its own purposes. On all sides we are witnessing the increasing importance of government to the problems of medical care, medical education, and medical research. Unless we recognize that in a democracy we are part of or are, indeed, government, and unless we exercise our privileges as citizens and participate in formulating policy, government will be deprived of expert opinion and we and the public will be forced to accept less effective medical arrangements. . . ."

3) To participate in the national effort to adapt science and technology to the revolution of rising expectations of other peoples toward a life free from want and with decent opportunities for the fundamental freedoms. "We are beginning to recognize that our own national survival (and our personal lives as well) may indeed depend on our success in enabling others to achieve their aspirations. Health is . . . the greatest of all ambassadors, our most enduring form of foreign aid, our most important exercise in diplomacy. . . . Humility should attend our every action, based on sensitivity to and comprehension of the origins, cultural development and aspirations of a people . . . and all

with a single goal — service to your fellow man."

In a recent tribute to the partnership of HMS and the BIH, Herrman reminisces: "The tale continues to unfold happily. The life of the hospital and the medical school is a rewarding, endless journey. All who participate share a certain immortality. As William James remarked, 'The great use of life is to spend it for something that outlasts it.' The hallmark of the hospital is heartfelt, sympathetic,

for help. And so the journey has been full of abiding satisfaction."

In his fiftieth reunion report to his Harvard College class of 1917, he observes: "Since becoming Professor Emeritus, I find that as I *descend* each rung on the ladder of success, life is increasingly enjoyable, wholly rewarding, and interesting." Today, both Dr. Blumgart's remarkably youthful appearance and his dry sense of humor are intact. We recently asked him



Dr. Blumgart teaching by the bedside at the Beth Israel circa 1960.

compassionate devotion to the life and happiness of patients." He quotes from Albert Einstein, "The concern for man and his destiny must always be the chief interest of all technical effort. Never forget it among your diagrams and equations." And then in his own words, Herrman concludes, "In these last years, the Beth Israel has had a rich life — rich in the excitement of discovering better treatment; rich in restoring many to health; freeing more from pain and comforting all who turned to it

whether there was a personal reason why, for many years, he had hung an original Audubon eagle in his office. He had borrowed it from the Fogg. "Was it because his own appearance suggested an eagle to some people?" "Did he think of himself as having the characteristics of an eagle?" — "Oh no, no," he answered. "Why, then?" we persisted. "If you must know," he said laughingly, "it reminds me of the Dean." We did not ask which.

“... the spark that is his”

by Oliver Cope and Marshall deG. Ruffin, Jr.

Oliver Cope was interviewed by the Bulletin's own J. Gordon Scannell '40, clinical professor of surgery at the Massachusetts General Hospital. Dr. Scannell writes, "We had a pleasant talk that Wednesday afternoon in his Emerson Place Office. The office is smaller now than the one he had on the 'fourth floor,' and he shares the corner of a suite with two no longer junior members of the surgical staff. But in his office the familiar blend of personal concern and intellectual ferment persists. We talked of many things, the shoes and ships of the recent past, the sealing wax of the present, the cab-bages and kings of the immediate future."

Those who know Dr. Cope will recognize how many subjects, not all Bulletin material, must have been covered in that wide-ranging discussion. The result was that no formal recording was or could be made, and Dr. Scannell elicited instead the letter from Dr. Cope that follows. It summarizes the material the interview was intended to cover, the story of the post-retirement years.

Dear Dr. Scannell:

You have asked me to write something of what I have been doing since my retirement from the Medical School in June 1969. During the first two years (1970-1971) I continued on with patients just as before — patients with hyperparathyroidism, Graves' disease and diseases of the breast. Early in 1972 I was invited by the University of Maine to chair a panel to study the feasibility of a state medical school. I accepted, gave up operating and in March went to Maine for eight months.

The experience was exhilarating, for Maine is full of teachers of science and wonderful able clinicians with high teaching potential. Indeed Maine was ripe for a small first-class medical school engineered and staffed by its very own people. With the existing laboratories and hospitals no new buildings would be required. The school could evolve at minimal cost, with almost no expense above that money currently subsidizing a few Maine citizens at the University of Vermont Medical School. The University of Maine at Orono, the colleges of Bowdoin, Colby and Bates have long established an enviable record of educating students for medicine and their faculties already understand the scientific needs of medicine. The staff of the Maine Medical Center at Portland had been doing a superior job for Tufts Medical School without pay, introducing sixteen third year students for the full academic year and some thirty fourth year students for elective courses. In addition to the doctors in Portland there was a truly superior potential clinical faculty available (more Hopkins graduates than Harvard!) at Bangor, Waterville, Augusta and Lewiston to form a cottage type medical school quite separate from Portland should Portland wish to stick with Tufts. New hospitals had recently been completed in Bangor and Augusta. Science laboratories were available for parts of the year in the colleges at Orono, Augusta and Colby. Additional laboratories and science faculty were available at the Cancer Laboratories at Bar Harbor. Maine had everything, provided the number of students was kept down to not more than twenty-five per class.

Approximately seventeen per cent of Maine's practitioners in 1970 were doc-

tors of osteopathy (202 DO's and approximately 1,000 MD's). The DO's were mainly in family practice in the smaller communities and very important to Maine. To learn something of collaborative education the three members of the panel, the president of the Maine Medical Association, three osteopaths and the vice chancellor of the University visited East Lansing, Michigan to study the joint collaborating faculties of the Colleges of Veterinary Medicine, Human Medicine and Osteopathic Medicine. As a result of that experience the panel recommended in November 1972 that the University of Maine undertake a combined school of medicine and osteopathy to be centered on the Orono and Bangor campuses and to include the other colleges and hospitals according to need and their election.

The chancellor and the trustees early in 1973 voted to start a medical school. The legislature voted the money needed for the organization. (The concept of a joint school of osteopathy was omitted.) A vice chancellor for health sciences and two directors for the pre-clinical sciences and the clinical years were appointed. The school appeared to be on its way and in 1975 the legislature voted the funds needed to proceed. The new governor, however, vetoed the bill and the idea of the medical school collapsed. The vice chancellor has moved to West Virginia to organize a second medical school in that state. The two directors have returned to their previous jobs.

The vetoed plan was more ambitious than that originally recommended by the panel in 1972. Promise of support from the federal government and the veterans administration had increased

the size of each class to fifty students. For this larger number some faculty would have had to be hired, and one building to accommodate laboratory science was then planned for Bangor. The veto was greeted with great chagrin and a citizens' group is presently trying to rebuild a program.

By recommending a much smaller class and a restrained program the panel had hoped to avoid the specter of vast expenditures for a medical school raised by the examples of both the University of Connecticut at Farmington and the University of Massachusetts at Worcester. The panel also believed that the quality of the student-faculty relationships would have been enhanced by the smallness of the enterprise and at the same time would have vivified medical practice in the several hospitals and communities over the vast state of Maine.

Back from Maine, I returned to my interest in two clinical fields — Graves' disease and troubles of the female breast. I did not resume operating.

In the 1960s several patients with Graves' disease had been treated primarily by psychotherapy.* The success had been resplendent in some, only helpful in others and ineffective in still others. The use of psychotherapy in Graves' disease had originally been suggested by Stanley Cobb in the 1940s; we were slow to see how it could be managed. The success has been encouraging and now we know that what was postulated in the 1940s and 50s regarding the central nervous system control of thyroid function was valid. The basic trouble of Graves' disease lies in the limbic system which when "het up" misdirects the hypothalamus and through the pituitary stimulates the thyroid to excessive ac-

tivity. Restoration of emotional calm in the limbic system is followed promptly by relief of the hyperthyroidism. The advantages of such care is that neither radioactive iodine nor thyroidectomy is needed. The patient benefits as a whole from the new insight and emotional control. The experience of some of the patients has already been recorded and a larger series is currently being written up.

Since 1956 a number of patients with so-called operable breast cancer have refused to be treated by radical mastectomy. Their cases have been handled by limited excision of the tumor with minimal distortion of the breast and then primary high dosage radiation to the remaining breast and breast region. Since 1970 antitumor chemotherapy

* Cope, O. *Man, Mind & Medicine*. J. B. Lippincott, Philadelphia 1967.



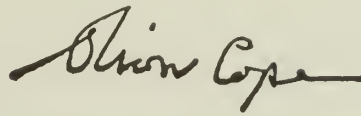
has been added as a third part of the program. The initial feature of the program is to avoid the mutilation of mastectomy in any form whether radical, modified radical, or simple total mastectomy. The techniques of radiation have improved to such an extent that primary radiation is not only equally successful in eradicating the cancer regionally, but has also left the patient with an emotionally acceptable and cosmetically much better result. Over a nineteen year period since 1956 we have now treated approximately 180 patients with this approach and as the results are the equal of radical mastectomy, we now have no hesitation in recommending it. It is still too early to tell the added effectiveness of the chemotherapy in wiping out the widespread dissemination. But our own results and those recently reported from Italy and other parts of the US indicate that the three-stage program — limited excision, primary irradiation therapy, followed by drug therapy for two years — is now the treatment of choice. Sternly and bitterly opposed by the surgical profession in the initial years, the approach is now receiving a more reasonable review.

The approach has so many advantages to the patient that I am currently writing two books, the first one is for the lay public; it carries our advice not only for the management of cancer but for the common benign fibrocystic disorder. The second is a short monograph for the profession in which the data of the several parts of the program are given in detail. The first two chapters of this monograph have already been written. The first appeared in the April issue of the *American Journal of Surgery* and the second is in press in one of the radiation therapy journals.

I take no credit for this work. It has been the patients who have demanded that their thoughts regarding mutilation be respected by the physician and I have already written an account of their demands first in the *Radcliffe Alumnae Quarterly* (June 1970) and also in the *Journal of Psychiatry in Medicine* (1971). It has proven hard to convince the male medical profession that a woman's desires should be considered, but our efforts have been strongly supported by women in general. To me personally it has been most interesting because I had not realized how chauvinistic I have been.

I hope that this will give you some idea of what I have been up to.

Sincerely,



Another reflection of the multifaceted Oliver Cope comes from one of our undergraduate Bulletin editors, Marshall deG. Ruffin, Jr. '78. Most readers will recognize in it their own reactions as medical students dealing with patients for the first time. Most of us, also, were exhorted to be concerned about "the patient as a whole;" few of us, however, saw that concern reflected in the behavior of our surgical instructors. It is heartening to be reminded that in this respect Dr. Cope not only was, but is, exceptional.

I had the good fortune to follow Dr. Cope twice weekly for two months this spring through some of what interests him most about medicine. For him this meant coming out of the retirement from teaching he burrowed into in 1969, and for us, his pupils, it meant a thorough washing in his brisk, pristine clinical zeal and vast fund of remarkable ideas.

Sometime last fall, whoever organized the course entitled Introduction to Clinical Medicine (ICM) at the MGH must have asked Dr. Cope to show three second year medical students some of the routine of a surgeon's practice. I suspect he ignored whatever more specific instructions he may have received that most likely urged our drilling on the surgeon's history and physical, and he tried instead to open our eyes to the sources of a patient's complaints — to help us prevent a patient's hurt, beyond simply dressing a wound — by taking care to notice the person offering the chief complaint; and that a good eye, he said in other words, brings with it a deeper appreciation of the purpose in medicine — when, after the physical, it examines the body dressed in all its complexities so that the parts do not seduce the physician from considering the whole complaining person.

It has been said that on frequent occasions during his long medical career, Dr. Cope has entertained novel and

unpopular notions of proper medical treatment with which he has righteously ruffled everybody's feathers. I only know that his critics whom I have met have, on hearing his name, either first grumbled, frowned, snarled, muttered or simply stood restless with an inner itch, then invariably acknowledged the spark that is his and that apparently often has been used to warm uncomfortably complacent or careless seats.

The first day of ICM brought fifty and some uninitiated medical students to the Ether Dome to meet their various clinical instructors who, the director of the course told us, would want to talk with us after his introductory remarks had ended. We three students found each other immediately and collectively wondered who this Dr. Oliver Cope could be, probably a young resident. We asked a middle-aged faculty member which person was Dr. Cope. He seemed surprised and answered, "Dr. Cope will be the most distinguished looking man in the room — besides me, of course." On looking around him he finally pointed to a slender man with carefully groomed white hair, bright pink complexion and brilliant blue eyes standing off to one side of the floor intently scanning students' name tags. I approached him and introduced myself. He studied my expression silently for a few moments, then said, "I was wondering if you would look like him," and, after another review, asked, "How is he?" I answered, "Fine," and that was all we said about my father, who, I learned from home, had been a student of Dr. Cope's forty years earlier. He did not ask for any other details of my own short history, learning, I suppose, all that he wanted about my past in a glance or two, and from there on I was one of three young colleagues whom he tutored with gusto on the art of medicine.

Our preliminary lessons with him followed paths I had not expected; guessing his age, presuming his vast experience, and hearing of his prominent stature among surgeons, I relished the prospect of his revealing to us the secrets of surgical palpation, to feel a liver and percuss a spleen with a master. I think each of us felt a little disappointed when he told us he kept himself busy treating patients with thyroid and breast diseases, alone, having reduced the size of his practice since the early

1970s. We wanted organs, and thought, for a moment, we would see only glands. Salting those misgivings, he sat us with him in his office for our first few sessions and told us stories about estimable physicians, interminable stories, punctuated frequently by his, " 't any rate"s, which only preceded other digressions. We were told about the conscientious, imaginative, dedicated, sensitive, humanistic physicians, men and women, whom he had known, who went beyond protocols to foster medical therapies, while we three, newly vested in white, eager to auscultate, drowsily heard only phrases of his wistful eulogies.

He must have known we were unaware of his aim, and he persisted. For a while I did not notice in his stories that he was giving us — at the start of our own careers — characters to emulate, teaching not with dogma, but with examples, good examples, of sterling good people, and what asleep I considered an elderly man's snobbish reminiscing I recognized later, awake, as a hearty democratic respect for talent used generously.

Late in our course, on the few occasions when Dr. Cope had business away from Boston he arranged with the teaching surgical resident to assign us each a patient to interview and examine, whose history and physical condition we would then review with the resi-

dent. On one occasion Dr. Cope returned early and heard our presentations himself. That day I met Mr. A, a middle-aged, heavy-set, balding black man who lay in bed, gloomy, a nasogastric tube slurping bile out of his nose. His eyes were open and seeing, he heard me introduce myself, nodded slightly when I asked to hear his history, watched me fumble self-consciously for my composure, and answered with sighing monosyllables all of my initial questions. My efficient and personable affect must have looked clumsy and impersonal, but he warmed up to my persistence and told me about his ulcers and six episodes of pancreatitis. He said he was a buyer for a retail store. He said he drank a little with friends. I never asked him about his marital life, and left no wiser than I was the day before, thinking mostly about the origin of those ulcers, wondering at the ravages of pancreatitis, and relieved he had told me his diagnosis.

When I made my presentations to Dr. Cope, in a conference room off the ward, I emphasized my surprise that a man as imperturbable as Mr. A could have had such a stormy course. I even doubted his veracity. So we went to see Mr. A, I expecting Dr. Cope would show us how deftly, gingerly to palpate the epigastrium and then discuss with us the vicissitudes of the angry pancreas, and later compliment me for noting a

minor malingerer. None of that happened.

Mr. A was sitting in a chair by the bed, hunched over, frankly dejected, staring at the floor, when Dr. Cope walked up to him, introduced himself, and asked if we four doctors could talk with him. He nodded. Dr. Cope sat silently for a moment looking at Mr. A, then asked him about his job, which quietly surprised the rest of us and seemed to enliven Mr. A, and then about his employer and his responsibility, and then about his wife and children, and then about his relations with his wife — simple questions tactfully phrased and easily dismissed by Mr. A had he wanted to avoid them, but he answered all, briefly, looking steadily at Dr. Cope. Soon we had heard a large part of a patient's miserable past, enough to know he had many more problems than ulcers and pancreatitis. According to Mr. A only a social worker had urged him to seek the help of a close friend, chaplain or psychiatrist. When we left Mr. A, Dr. Cope was steaming; he told us emphatically we could learn a lot if we kept our eyes open.

During our last formal session together, Dr. Cope advised us to watch as many physicians as possible in guiding ourselves into our own clinical styles. His bearing throughout those two months left no doubt in my mind that he would always find a way, with whatever time he had, to back a patient's dignity and consider his or her deeper ills. We should think it a shame that few of us have his finesse for approaching patients; but he always told us, his three pupils, by pointing the way, that we could soon develop those skills if we put our hearts into the effort.



Dr. Cope and his three students (from left) Sharon Reid '78, Marshall deG. Ruffin '78 and Harry Romero '78 speaking with a patient.

"I simply kept on in the old way..."

by Larry Kunz

It was not exactly a surprise to see it for the first time —

John Enders Pediatric Research Laboratories

in the neat, underplayed lettering at the entrance to the Research Building of Children's Hospital Medical Center on Longwood Avenue; I had known about the dedication of the building to Dr. Enders as a birthday surprise on February 10th this year. It was just that the ultimate reality of it was pleasantly shocking or, rather, shockingly pleasant to behold.

The dedication of the John Enders Pediatric Research Laboratories is yet another "fitting climax" to a long series of prizes and honors which have been awarded him for almost a quarter of a century since the Passano Award in 1953 and the Nobel Prize a year later. Nevertheless, the nostalgia evoked by this latest symbol of appreciation of a fruitful, scholarly career demands some sharing.

Most of us who know Dr. John Enders through association with him in his laboratory spent one or more years of study within a few dozen yards of the new commemorative plaque — many of us in the old Carnegie Building on Blackfan Street or, later on, in the Jimmy Fund Building. All of us — students, fellows, colleagues — consider ourselves exceedingly fortunate and the years spent, richly rewarding.

Larry Kunz, Ph.D. '51 is associate professor of microbiology and molecular genetics and is head of the Bacteriology Laboratory at the Massachusetts General Hospital.

My first view of Dr. Enders in the professional public forum, so to speak, was at a meeting of the Boston City Hospital House Officers Association in 1946 or 1947 at which Dr. Karl F. Meyer was the featured speaker and Dr. Enders was to discuss K. F. Meyer's talk afterward. I had come to Boston in 1946 to study at Harvard and hoped to do my thesis with Dr. Enders. What a dramatic impact the contrast of these two men made on me — the towering, overpowering giant of Dr. Meyer expounding at length and with unassailable confidence in a resonant, positive voice, and the slight, quiet, questioning response of Dr. Enders, always seeking the precise word and well-reasoned, qualifying phrases and clauses. I am sure that I was not alone in noting the differences between these two important men of science in their manner of communicating with a large audience. I have listened many times since then with appreciation and admiration of the ease and clarity with which Dr. Enders conveys his ideas.

It is probable that his earlier studies helped to form his literary talent and style to a degree beyond the expectations of the average cultured gentleman. After receiving his bachelor's degree from Yale in 1919, he earned a master's in literature at Harvard University and began work on a Ph.D. in philology. Fortunately for science, he fell in with strange fellows including one Hugh Ward, a bacteriologist from Australia, who introduced him both to the department of bacteriology and immunology at the Harvard Medical School and to Hans Zinsser, the head of the department. It was not long afterward that John Enders had switched departments and thesis topics, and was actually collaborating with Dr. Ward in studies of the pneumococcus and of phagocytosis.

I finally did get to do my Ph.D. thesis with Dr. Enders, his first (and only!) graduate student. As with all of the experimental work going on in the laboratory, he was at my bench each day looking at results and discussing them with me. When it came time to write my thesis, I began to appreciate at first hand the fruits of his studies in English literature. It was then that I received a practical course in composition, grammar and the use of the English language. As each date drew near for another thesis conference with Dr. Enders, I waited with mixed feelings, never knowing what would be the major thrust of the discussion — the antigenic composition of the mumps virus, literary style, or a philosophical subject far removed from both of these. Whichever way the conference went, it became the highlight of my experience at that particular period of my life.

There have always been medical students in the lab working along on one of the current research projects. Indeed, the presence of these privileged few in the laboratory emphasized the relatively little exposure to Dr. Enders which was the unfortunate lot of most HMS students during the regular curriculum, their contact being limited to one or two lectures in a crowded amphitheatre. Nevertheless, HMS alumni are acquainted with Dr. Enders through his scientific accomplishments not only from professional sources but also from reports in the news media. Some two hundred of his scientific publications span almost half a century of work. Best known and most widely acclaimed are his contributions to the understanding and prevention of poliomyelitis, measles and mumps. His earliest work was concerned with the phenomenon of anaphylaxis and, as already mentioned, with natural and acquired immunity to the pneumococcus. The first

virus that he described in a publication was the agent of feline panleukopenia, the original isolation of which was made in collaboration with Dr. William McD. Hammon.

Since his notable studies on the viruses of measles, mumps and polio, he has continued to be occupied with several fascinating aspects of virology — the isolation of the elusive viruses of human hepatitis and the possible relationships of certain viruses to transformation of cells and oncogenicity.

It is difficult to believe that John Enders is emeritus and in his eightieth year! "I have spent most of my time in the laboratory after I retired at the age of seventy from the Harvard faculty in 1967. It may seem odd, perhaps, that I have continued investigative work for so long after the conventional date for 'shutting up shop.' I admit this behavior begins to seem a bit aberrant when I start to look objectively at the way I have spent a sizeable proportion of my diminishing temporal capital."

His first appointment at HMS had been as assistant in bacteriology and immunology in the department of bacteriology and immunology; he was made instructor in 1930, when he was awarded the Ph.D. degree. He became professor in 1956, university professor in 1962 and university professor emeritus in 1967. Dr. Enders had become chief of the Research Division of Infectious Diseases at Children's Hospital Medical Center in 1947 and continued to hold that post until 1972. Since then, he has "retired" into the position of chief of the Virus Research Unit. "As it often happens at crucial times in some people's careers, I did not decide on this course after a cool weighing of all the elements of the situation. Rather, the circumstances in which I found myself were the powerful determinants in my choice. Here I was in a well-equipped laboratory within a hospital sympathetic to researches on infectious diseases, enjoying the association and support of several young, able and congenial colleagues, the responsible investigator of a comfortable grant which had some time yet to run. I had for a long time been seeking to find ways of growing the viruses of infectious and serum hepatitis in the laboratory. I strongly felt, as I still do, the appeal of this enterprise which I consider

to be among the most important from the practical and possibly the biological point of view of those which remain before the virologist concerned with infections in man. And so I simply kept on in the old way. . ."

He has been awarded a dozen honorary doctoral degrees, the most recent from Oxford University last year. He has served on innumerable panels, boards, commissions and journals. For several years he has acted as an associate editor of the *Journal of Infectious Diseases*, where he has been able to read many of the virological papers submitted. "The number of these has increased considerably and this job takes up quite a little time. It is worthwhile because in this way I learn much that is new. Sometimes, though, the experience makes me sympathize with those who would find ways to reduce the number of scientific publications or at least shrink their bulk." He has been awarded more than two score prizes and a like number of honorary memberships in medical and scientific societies in this country and abroad. Since he and his colleagues received the Nobel Prize in 1954, he has published more than one hundred papers, an indication of his continued productivity.

As might be expected, the statistics recall but little of the real person of Dr. Enders who is known and fondly remembered by all who have worked with him and for him. Dr. Frederick C. Robbins, who with Dr. Thomas H. Weller shared the Nobel Prize with Dr. Enders, wrote in 1968: "Those of us who have had the opportunity to work closely with Dr. Enders regard him, as does the world at large, as a great, imaginative and productive scientist. However, we value him more for his qualities as a man, and I, at least, would consider one of his more unique and valuable qualities to be simple good sense. To most of us he is affectionately known as "Chief" or "Boss." . . . On the occasion of his seventieth birthday, a celebration was organized by people who had worked with him, including almost one hundred scientists from all over the world."

Although the Enders family was by no means known to be impecunious, being engaged in banking and insurance in Hartford, Connecticut, Dr. Enders ac-

quired a tight hold on the reputation of being frugal. Whether the frugality was genetically determined or derived from working under restraints of slim prewar budgets in the Medical School, Dr. Enders became notorious for his ability to exploit to the utmost the purchasing power of the laboratory dollar. Technicians were scarce in the Enders laboratory during the very days when the Nobel Prize-winning experiments were being performed. Tom Weller is quoted as taking a cheerful view of the situation. "We washed our own glassware. It was not an onerous task, for the supply was limited."

At age seventy-nine, Professor Emeritus John Enders still goes to the laboratory each day as usual, his wife Carolyn cheerfully driving him in from Brookline, carrying in that now famous wicker basket a couple of sandwiches for a noontime office lunch-break. Mrs. Enders has been an important and invaluable component of the Enders' laboratory family for more years than she would care to acknowledge. Fred Robbins, in a volume of *Perspectives in Virology* dedicated to Dr. John Enders, wrote of her: "I wish also to honor Mrs. Enders, always a source of strength and good humor and a staunch friend of those who worked in the laboratory. We salute Carol with fondness and respect."

I particularly appreciate Fred Robbins's characterization of Carol Enders because I, as a graduate student, more than others had need of all of the strength and good humor and friendship that was available. Carol provided the extra measure of these much-needed qualities that made the difference for the underling in an otherwise egalitarian environment. Dr. Enders was my inestimably invaluable mentor, but Carol typed my Ph.D. thesis. The beauty of their personal gifts has been the completely unqualified generosity with which they have been proffered.

Carol Enders continues to participate in the scientific accomplishments of John Enders to the extent that she is able. I did not know, until recently, that she still types the final drafts of all of his papers for publication (as she did the Nobel Prize-winning paper published in *Science* in 1949) and many of the rough drafts as well. She was the "tracer of missing persons" so valued by Dr. Ed-

missing persons" so valued by Dr. Edward F. Bland in the House of the Good Samaritan's longitudinal study of rheumatic heart disease. Today she continues to serve the medical community as a trustee of the Boston Hospital for Women where she is a member of the executive committee and chairman of the patient care committee.

The Virus Research Unit at Children's Hospital Medical Center, of which Dr. Enders is chief, is still going strong. Dr. Michael Oxman is the present assistant chief of the laboratory enjoying the especially close association with Dr. Enders that comes from such interdependence. Dr. Oxman tells me that the "Chief" is still personally engaged in the same activities that have occupied him for almost half a century. "The Chief is above all a marvelous teacher," he said, "but one who teaches more by example than by direction. In the fifteen years I have known him, I have never once seen him too busy to discuss a problem, an idea or an experiment, and he is as accessible to a medical student as to a senior colleague. In these discussions one is always impressed by the Chief's immense curiosity — he is constantly asking questions and actually listening for the answers. Unlike most experts, the Chief seems always to understate his own knowledge and experience, as if to insure that his expertise does not narrow anyone else's horizon or stifle their curiosity."

Dr. Enders continues to derive fulfillment, too, from pursuits outside the laboratory. "I have found great pleasure and refreshment in poking about the waters of Eastern Long Island Sound in a small power boat searching for the elusive striped bass which is '*variabile et mutabile semper*,' to make use of a Virgilian phrase which no longer can be tastefully applied to the ladies!

"Once a year I fish for salmon on a river which divides the Province of Quebec from New Brunswick. Here the beauty of nature restores the spirits but the sport often parallels the frustrations of the laboratory. One can sometimes cast the long line daily for a week without a fish and sometimes without even a rise!"

Though protesting that he plays the piano very badly, he is said by others

to be quite good. He admits to being able easily to play many pieces and "so can waste an immense amount of time, excepting that I do enjoy wasting it. Lately I have been rather concentrating on Joplin whom my former associate Dr. George Miller introduced me to. I have greatly enjoyed Joplin's ragtime, perhaps because I overlap with his palmy days and may have heard it when very young."

It is difficult for me to consider Dr. Enders apart from the profession of

medicine which he has served so unvaryingly for almost half a century. Perhaps this is why a phrase from the Hippocratic Oath comes to mind when I try to characterize John Franklin Enders in classic terminology: I think of the phrase "*primum non nocere*" and translate it loosely "never to offend." This bespeaks the essence of the actively good and gentle person that I believe Dr. Enders truly is. He is esteemed by all of us who have worked with him and we hold him in admiration, respect and affection.



In 1914 while a student at St. Paul's, Dr. Enders wrote a poem that was, in fact, a query of his life:

When I am old
And spindle shanks and sunken chaps
Betoken the coming of the fearful Last Event,
What memories of youth will come to steel my heart
Against the fear of meeting with my Creator?
Will then my heart be strong with thoughts of
Deeds well done?
Of struggles, great achievements, and joy of children?
Of weeping, sorrow, pain — a life lived to its full?
Or shall I gaze with sorrow and despair
Back upon the assemblage of empty, wasted years
And curse a life of dull and brutish indolence?

There is but one suitable answer to his query.

“... some kind of in-built,
'Dammit, I'm right' attitude”

by John Levine

Harriet Hardy, pioneer in industrial medicine, has worn several hats since serving as the school physician at Radcliffe during World War II. Working for the Massachusetts Department of Occupational Hygiene in the late 1940s, she unraveled the occupational etiology of beryllium poisoning among workers in the manufacture of fluorescent bulbs and atomic bombs. Later on, she served for many years as chief of the occupational medical clinic at the Massachusetts General Hospital, as assistant medical director in charge of the occupational medical clinic at the Massachusetts Institute of Technology from 1950 until 1971, and as clinical professor at Harvard Medical School. She left Boston in 1971 to help coordinate the study of man-made diseases at Dartmouth. Despite illness, she saw the third edition of *Industrial Toxicology* to publication in 1974. Now living in Lincoln, she is still seeing patients, teaching, consulting, writing and “heckling.”

Dr. Hardy occasionally lectures in post-graduate courses at the Medical School and in courses at the School of Public Health; actively encourages the press to write responsibly about occupational hazards; consults and gives opinions on new standards of the National Institute for Occupational Safety and Health; advises the Oil, Chemical and Atomic Workers' Union; still sees some of her old beryllium patients and plaintiffs in workman's compensation cases; and has recently done videotape presentations for teaching. She marshals her strength for important projects

by resting up in advance, but tends to downplay what she is doing: “My idea is to heckle and harass and talk into the machine — my secretary comes now and then — and to try to keep up with the literature, which is extremely hard to do.” At seventy, Harriet Hardy continues with unabated ardor and sagacity. Meeting her is startling: she seems a cross between Jane Fonda and Oliver Wendell Holmes.

The following interview took place in April at Dr. Hardy's home in Lincoln, Massachusetts.

LEVINE: There's been a thread in your life of being concerned with justice and fairness besides scientific problems. Where does this come from?

HARDY: I think it comes to me genetically. I have lawyers and judges on my father's side. I never knew him; my father died of pneumonia when I was four. Our home life also played a part. My stepfather was an extraordinarily lively-minded man who saw all around a question. My mother was a sufferer. I came into stimulating soil.

We did the odd thing at our house. That is, during Prohibition my family really locked up all the liquor and wouldn't have anything to do with it, whereas the people they saw socially went on having a little something on the side. It was that sort of thing. We gave a lot of support to the old League of Nations. I remember going on a protest march — this gives you an idea of the times — in New York City to protest the fact that Al Smith couldn't run for President because he was a Roman Catholic — think how things have swung around.

LEVINE: How did you become interested in a career in medicine?

HARDY: This business of deciding on medicine — I decided so early I was at the age when one ought to be playing with dolls. I remember taking my mother's silver manicure set and putting it in the oven to sterilize it so I could operate on my younger sister. Of course, it melted all the connections and I remember being really punished; that really wasn't the thing to do. So it must have been quite early. If my poor sister were here she'd tell how she had to serve as my specimen for operations and queer drugs. I used to give her speeches and make her sit and listen. It was a dirty trick.

LEVINE: Do you think your father's dying of pneumonia had anything to do with the decision?

HARDY: I think it's more likely to have been the family doctor. We had a good family doctor who used to come to the house. During the 1918 flu epidemic, I lost a brother. Mother's sister and my sister almost died. The doctor was around a great deal. I used to go to his office and talk to him. Summers when we went to Vermont, I used to talk with Dr. Houston, who was one of Osler's colleagues in Montreal at McGill. I was lucky. Richard Pierce, the first one to be head of Rockefeller Medical Sciences, was up there, too. My mother was opposed. We belonged to some kind of social . . . I don't know what . . . women just didn't go into professions. My stepfather was determined that I not go into medicine, but Dr. Houston and Dr. Pierce went and pled for me — so in the fall of 1928 I registered as a freshman at Cornell University Medical School.



I majored in English literature at Wellesley, and I barely skimmed through on chemistry. I could never do organic chemistry and the math, German, stuff like that. I just took barely enough to meet the medical school requirements.

LEVINE: That sounds familiar.

HARDY: I think so. I think there are a great many medical students who, if sitting here, would say things not too dissimilar. When I was premedical advisor at MIT (I guess medical schools wouldn't like this very much) I was always urging students to take more liberal arts. Because, I said, once you get to medical school you won't have any time and if you don't have a background in music, history, philosophy, something of this sort, you'll be very sorry. You'll miss a way to communicate with your patients. And if you have the bad luck to get sick or put on the shelf you don't have any other resources.

LEVINE: How did you become interested in occupational health?

HARDY: This is what happened. I was working at Radcliffe and I got bored with all those healthy girls, and there was a new president who thought anyone who went to see a doctor needed their head examined and anyone who went to a psychiatrist wasn't well enough to be in college. I was always fighting with him and he was always sniping at my budget, so I said, "Good heavens, I've done enough of this, now let's do something else."

But during those years at Radcliffe I got interested in clinical preventive medicine. I remember Dr. Joe Aub, whom I knew at the MGH where I was then an assistant in medicine, saying, "Now, what is that, Harriet?" I said, "Well, I don't think we're smart enough about the onset of disease." The concept is to get a feeling for the first signs of the onset of disease and to prevent further pathologic change by taking the individual out of a harmful setting. I've got a mercury fellow who illustrates that right now. He works for one of these lamp companies and handles mercury. He got just enough mercury in him so

he was beginning to show the signs of mercurial poisoning. His urine confirmed this. We took him out. Now those symptoms are gone and the urine is practically back to normal. That's what I mean by early detection.

A modern example is vinyl chloride — after I read those earlier reports I prophesied they'd find there was liver disease antedating the angiosarcoma, and now this is what's reported. It just wasn't looked at. They already had an animal model so it means that somebody really goofed by not doing some liver function studies on those people.

LEVINE: Why did you go to Dartmouth?

HARDY: I retired from MIT in 1971 and went up to Dartmouth, working part time. I wanted to help Dr. Tom Almy, who was chief of medicine, figure out a way whereby the general subject of man-made disease could be introduced within the college, where there was a department of environmental health sciences. I had a title of adjunct professor of environmental health sciences

in the college, and visiting professor of medicine in the medical school.

LEVINE: And it was at Dartmouth that you became ill?

HARDY: In spring 1972 I began to get a motor aphasia. I knew what I wanted to say but couldn't say it. Then I couldn't write and finally it got so I couldn't see, so I had to do something. It was a curious phenomenon. The morning of the day I lost my sight I had seen a patient on the wards in the hospital and had written a fairly sensible note. (I went back and read it when I got better.) I took a little nap after lunch and woke up to find I couldn't see anything except a little blurry tree and a house. I decided this had gone far enough.

In 1968, I had had a slight motor aphasia for about a week, and the great MGH neurologists diagnosed me as having an embolus. Now I found myself back in Boston in the Phillips House with surgeons all around, knives in hand. They had done a brain scan and here was this big enormous tumor. I think it's just a doctor's luck. We don't look after each other very well; of course, they sometimes don't look after the patients all that well. At any rate, it put me on the sidelines and I had to give up my work at Dartmouth. I sold my house there and bought this one. It took me a while to get back as far as I am now.

LEVINE: What is the background of your appointment to full professorship at HMS in 1973?

HARDY: My housekeeper called me from my bath one morning and said that a doctor was on the phone who wasn't willing to wait and I must come right away. It was Dr. Ebert. I've known him slightly off and on through the years and he said, "Harriet, you've just been elected a professor in the department of preventive medicine," and I said, "Oh dear, Bob, you don't read your mail, do you . . . this is March and I wrote you a letter of resignation dated some time in January and I suspect it's still on your desk." He said, "Oh, can't you work out something with Dartmouth so you can hold this professorship?" So I said, "All right, I'll call Dr. Almy and see what he says." So I called Dr. Almy and told him of this tremendous predicament I was in, of all this glory being poured on me,

and what was I going to do about it. He said he would ask the dean of the medical school at Dartmouth. They thought this was all very funny. They called me back and he said, "We've talked it over and we think the message you should give to Dr. Ebert is that Dartmouth will lend you to Harvard two weeks of the year. Is that satisfactory?" After an unknown period of time (during which I was working up at Hanover) I had word that I was to keep the Harvard appointment and the two Dartmouth appointments — so for a couple of years I was a three-times-over professor.

There were several reasons for the appointment. I'm sure HEW was saying to Harvard, "Where are your women professors?" I think Dean Mary Howell and the women's group at the Medical School brought pressure to bear on the Dean's Office; in fact, I know they did. And as an older person, I wouldn't have to take up space; they didn't have to find lab space and secretaries for me. So there were many reasons. . . . Now I'm an emerita so I am no longer an embarrassment to anybody.

LEVINE: How have curriculum changes affected the teaching of occupational medicine at Harvard?

HARDY: Beginning in 1950, I had as many as twelve hours of teaching occupational medicine to third year students. But when this great interest in molecular biology began and RNA and DNA came to the front of the stage, there was a gradual decline in what one might call preventive medicine as being old hat and not necessary. The number of hours I had with the students went down and down and down, so that what was left was sort of buried in the fourth year electives, a combination of MGH/MIT with me as the person in charge. The students trying to get electives in this work were good but there were very few of them. Whereas in the heyday of the work at the Mass. General, in addition to the lectures we had one medical clinic a week and we could fill it with cases of occupational interest referred by other members of the MGH staff, lawyers, members of the Workmen's Compensation Board, and this was a good show. I got down to one hour of lecture in the first year in 1971, and that was one of the reasons I went up to Hanover.

I was really doing more teaching by talking on the phone with practitioners who had problem cases and who might easily have been in one of those earlier classes. I still do that kind of practice. It is my thinking that since there is no teaching of occupational medicine in the undergraduate years, the cases are missed. Judging from the calls I've had and the cases I see these days right here in Middlesex County Hospital, I'm absolutely sure these cases are being missed — getting a wide variety of medical diagnoses such as idiopathic pulmonary fibrosis. The job I'm doing over there is teaching the staff how to take a sophisticated occupational history. Being in on their rounds two days a week, I can spot things that they were letting go by.

LEVINE: In your recent article in the *New England Journal of Medicine*, you said you thought that women would play a major role in occupational medicine in the future.* Would you amplify on that?

HARDY: I didn't intend to give the impression that women would be taking over, but rather that women with their natural taste for order and protection of life from their many eons of motherhood would find the kind of job that needs to be done in occupational medicine attractive. At the moment there are so few women in the field that one could number them on the fingers. My thought was that occupational medicine could be made an attractive option if curricula committees would listen to the voices of younger people and old parties like myself, and would make visible careers in this field, which they have not done to date.

LEVINE: Where do you think the field of occupational medicine is going now?

HARDY: I think the pressure is building up for some attention to man-made disease — on the one hand from students and on the other from young resident house officers who feel they have a lack of knowledge in this area. The numbers of reprints of the October 16th paper

* Hardy, H. "Annual Discourse — Risk and Responsibility, A Physician's Viewpoint." *New England Journal of Medicine*, Vol. 293, no. 16, p. 801, 16 October 1975.

that I was asked to send out made me feel like a movie star. Some letters are from older distinguished colleagues, but the article brought a flood of young people like yourself who saw what I was getting at and asked if they could come out and talk with me, which I found very flattering. As long as I can take it I'm going to do it.

LEVINE: What advice do you have for young physicians who want to mix occupational medicine with political activism?

HARDY: Let me tell you a story. One day at lunch during a weekend I was spending at Dr. Alice and Miss Margaret Hamilton's house in Hadlyne, Connecticut, Miss Margaret, the sister who stayed home, turned to me and said, "Harriet, I hope you're not as foolish as Alice, joining every society there is that's the least bit liberal or radical, writing your name down on any petition without taking any thought as to what it might get you into."

When she stopped for breath, Dr. Alice turned to me and said solemnly, "Now Harriet, I think that you and I should divide up this part of our interests. I'll be the one to sign papers and go to jail and accept the accusation of being a card-carrying Communist, which I have never been; and you go on and get your work done. You're at the time in your career when you can get out in the field and I can't, so we'll divide the thing up that way."

LEVINE: You must find it gratifying to see the current generation of young Turks taking hold of ideas which you have espoused for some time.

HARDY: I just have the feeling that that's the reason I had a benign brain tumor, if you want to think of queer explanations for things. Somehow the Fates weren't quite ready to cut me off. I used to be talking to myself when I was in the position Dave Wegman's in now (at the Massachusetts Department of Occupational Hygiene). There were

some engineers that I could talk to. That's not quite fair; Dr. Means, Dr. Aub, and a few top pins like that were interested. But it was a pretty lonely show as far as getting going. I get terribly excited when I get a letter, "I was in your class in such and such a year and I remember what you said about so and so." The old lady feels pretty cheered up by that.

LEVINE: How did you keep going when you felt you were virtually alone in pursuing this field?

HARDY: I suspect that's genetic. I have some kind of in-built, "Dammit, I'm right" attitude. I've always had a great deal of self confidence. I have always felt that people were just dying to hear what I had to say and it never occurred to me that it could be otherwise. I was voted the most popular in my class at Wellesley. I just took it for granted that whomever I met just could hardly wait to hear what Harriet Hardy had to say.

Dr. Hardy has always sought to understand in detail the conditions and processes of each industry she investigates. In 1957, on a NIH Travel Fellowship, she went to Johannesburg to study the dust diseases of South African miners, and visited gold mines there.



"Forty-five years in the female pelvis"

by George S. Richardson

Dr. Hertig retired from the chairmanship of the department of pathology at HMS in 1968 and simultaneously moved to the New England Regional Primate Research Center as chairman of the division of pathobiology. He remained Shattuck Professor of Pathology until 1970, then continued as an annually appointed professor until becoming an emeritus in 1974. Dr. Bernard Trum, the eminent veterinarian, has likened the energy that Dr. Hertig brought to the Primate Center to that of a horse that has been let out of harness. True to that description, at the time of this writer's visit to the center in March 1976, Dr. Hertig had just lectured at the Providence Lying-In Hospital, had given the Sparling Memorial Lecture at Fitchburg, had talked about trophoblasts, good, bad, and indifferent in the postgraduate course in gynecology at HMS, and was preparing for the Primate Pathology Workshop accompanying the meeting of the International Academy of Pathology in Boston.

The Primate Center, incidentally, is worth a visit by any interested alumni who come this way. It is in pine-covered hills in Southborough, Massachusetts, in an attractive modern building which molds nicely into its puddingstone setting. The pines nearby are hung with various ingeniously contrived bird feeders, many of them designed by Dr. Hertig. There is no such thing as being bored while waiting at the center since the main feature of the lobby is a

glassed-in enclosure full of vivacious young monkeys cavorting about. These delightful creatures have some serious watchers also, wearing white coats and sitting quietly, pencil and paper in hand. The center operates for the benefit of many investigators, most of whom are primarily occupied elsewhere but who come out at intervals to conduct ongoing experiments with primates. The laboratory facilities are superb.

Dr. Hertig's modest office is shared with a colleague of many years, Dr. Lorna Johnson. In this busy place the brief luncheon break features Purée Mongole à la Hertig, or an equal mixture of dried pea and tomato soups brought to piping temperature by means of an instant boiling water tap. A bit of gourmet cheese and selected crackers round out the repast. This break interrupts the stream of pathological interpretations in which Dr. Hertig second-guesses the opinions of other pathologists who mail in slides from three to four hundred cases a year. Of course, Dr. Hertig has brought this upon himself through having described the characteristics of a number of ovarian tumors, the histological gradations between hydatidiform mole and choriocarcinoma, the atypical changes in the endometrium that lead to carcinoma, and with the late Paul Younge, the histology and clinical significance of carcinoma *in situ* of the cervix.

In his attempts to educate pathologists and gynecologists on the subject of precancerous changes in the cervix over the years, Dr. Hertig has often used a drawing designed by Dr. Hugh Grady of the transition between benign and malignant tissue. "The spectrum of heavenly virtues gradually but imperceptibility changes into one of pure devilry," observes Dr. Hertig. "At what

point the progress down the primrose path is irreversible is hard to say. I have placed it tentatively between the third and fourth figures. The latter creature with its tail and curled wing which he regards quite wistfully even though he has a harp, is a candidate for ultimate damnation." Any alumni who have difficulty in making these distinctions should send their slides to Dr. Hertig at the Primate Center!

A man who has attained the eminence of Arthur Hertig is apt to have the past thrust upon him in the midst of the routine business of the present. Dr. Hertig has obliged requests for memoirs on more than one occasion, most recently in an article entitled "Forty-five years in the Female Pelvis — an Unusual Case of Prolonged Dys-tocia — and How I Got There in the First Place" (College of American Pathologists, March 1976), from which the following account has been plagiarized, including, it is hoped, some of the Hertig humor. Back in the early '20s, when streetcars were clean, quiet and cost only a nickel, young Arthur was commuting clear across Minneapolis into St. Paul to work with his brother Marshall in entomology, for forty cents an hour. He had turned down the opportunity to work in a bakery-ice cream establishment for better pay. Then in 1925 Marshall Hertig was asked to go as entomologist to China with the Kala Azar Field Studies Unit of the Rockefeller Foundation, and he took his brother Arthur as an assistant. During the fall of 1926 Dr. David Edsall, then Dean of HMS, came to China, perhaps as visiting professor. The brothers were investigating the possible vector relationship of the sandfly (Phlebotomus) to Kala Azar. There remained one lone, unfed female fly (it was at the end of the breeding

George S. Richardson '46, besides being editor of the Alumni Bulletin, is an associate professor of surgery at the Massachusetts General Hospital. He has long subspecialized in gynecology and has been doing research on the human endometrium.

season) and Arthur Hertig demonstrated his technique of artificial feeding to the Dean. The result was that after having completed two years at the University of Minnesota Medical School, another trip to China and a return journey across Siberia and Europe (cheaper that way), Arthur Hertig arrived at the Harvard Medical School in 1928 as a third year transfer student.

The next important fortunate turn in Dr. Hertig's career was meeting Dr. S. Burt Wolbach, whom he was later to succeed as Shattuck Professor of Pathological Anatomy and chairman of the pathology department. The connection again was through brother Marshall, who had worked with Wolbach in

1922 on cockroaches. It became Arthur's task to survey the effects of wasp parasites on ticks on Naushon Island. This early attempt at biological warfare was not successful, but led to the invention of the Hertig mousetrap which was used to gather field mice from whom the ticks could be harvested and studied. The world did not beat a path to the Hertig door, but an internship in pathology under Wolbach followed.

Thus far, bugs had led to China, China had become the stepping stone between Minnesota and Harvard, and bugs again had led into pathology.

But how did the career of forty-five distinguished years in the female pelvis

begin? It began when Dr. Sidney Farber broke the bad news that Hertig would not get the chief residency in pathology at the Brigham under Dr. Wolbach (the chief himself could never deliver bad news). The Boston Lying-In Hospital, newly headed by Obstetrics Professor Frederick C. Irving, wanted a pathology laboratory established. The depression was then on. The opportunity to start the laboratory was mentioned on Valentine's Day, 1931 when Drs. Wolbach, Farber and Hertig were walking down Longwood Avenue. The lab was started about March 15 by Hertig, as a resident, with only eight months' general pathology training. Fourteen maternal deaths were autopsied in three months before July 7 when the lab officially opened! Dr. Hertig did everything including making blood typing serum, struggling with bacteriological media, doing hospital bacteriology, performing autopsies (including sewing up bodies), learning about placentas, spontaneous abortions and all the rest. He was told by well wishers that there was no future in obstetrical pathology since childbirth was a normal phenomenon.

Dr. Wolbach's interest in Dr. Hertig was by no means over, however, and it appeared that this was but one of the instances of Wolbach's concept of specialization in pathology. The scientific road was determined the following year when Dr. Irving decided that Hertig should study with the great human embryologist, George Streeter, at the Carnegie Institution of Washington's department of embryology. With these early experiences began and flourished all of the well-known contributions from Arthur Hertig to the pathology of the cervix, endometrium, placenta and ovum. The history of those wonderful photomicrographs of early human embryos has been well told by Hertig and Rock [*Gynecological Investigation* 4:121-139, 1973]. This marvelous collection belongs to the Carnegie Foundation, now located at Davis, California.

It is delightful to sit with Dr. Hertig and listen to his slow spoken and shrewd remarks about people, places and problems of biology. It is impressive to look at the new publications which have emerged from his hand at the Primate Center: on the structure of the cervix in rhesus, spontaneous abortion in wild-caught rhesus, carcinoma *in situ* in the



cervix of the crab-eating monkey, *in situ* carcinoma of the endometrium of the chimpanzee and the spectacular electron photomicrographs of primate and other mammalian oocytes and ova.

Most of us have perhaps hoped that the primate would prove to be sufficiently like the human to constitute a perfect model system for biomedical research in man. It emerges from the studies of Hertig and others, however, that individual primate species not only differ from humans but differ from each other. The ovary of the squirrel monkey, for example, exhibits a whole series of structural differences which imply a different ovarian physiology. Dr. Hertig's paper on the ovary of the squirrel monkey [*Medical Primatology*, pp. 472-503, Karger, Basel, 1971] well shows why he is still in the female pelvis and why he would not wish to be anywhere else. The challenge he flings down to other researchers fairly jumps from the page:

"There are many questions unanswered about the fascinating discrete and diffuse interstitial tissue. It would appear that few of the ovarian cellular components of the *S. sciureus* ovary are lost except the oocyte. Why are there relatively few scars of corpora atretica or corpora albicantia? The discrete luteinized granulosa cell masses persist. Why? The involuting follicles and cortical stroma continue to add to the bed of interstitial cells. Why? The latter tend to become luteinized more often and more completely during the progestational and gestational phases of the reproductive cycle. Why? There is no distinct thecal layer associated with a discrete luteinized mass. Why? The degree of luteinization of interstitial tissue seems to be correlated with the age of the animal. Why?" In the four lines that follow, Dr. Hertig answers his own questions with a tidy hypothesis. Undoubtedly, however, he would like to hear from HMS alumni or others who might have hypotheses of their own.

As he has done for many years, Dr. Hertig sits at his microscope at the center of a network of pathobiological information. Anything but retired, it seems uncertain whether he will ever be delivered from the female pelvis — or would want to be if he could.



An angel on the way to becoming a devil, from Dr. Hugh Grady's chart of the transition from benign to malignant tissue



Playing on Dr. Rock's theatricality and his and Dr. Hertig's collaboration on the Hertig-Rock Ova, friends dubbed them "the ham and the egg." This is the only known picture taken of Dr. Hertig and Dr. Rock together.

Dr. Rock (left) and Dr. Richardson, author of these articles, snapped by Henry F. Allen '43A at a Christmas celebration in 1974.



"...this affable and yet grandiose presence"

by George S. Richardson

Is John Rock "the Father of the Pill"? Indeed, in a sense, he is. Mrs. Ellen McCormack, a philanthropist with a master's degree in biology from MIT and a friend of Margaret Sanger, of Planned Parenthood fame, had for some years supported the work of Gregory Pincus, a reproductive biologist at the Worcester Foundation in Massachusetts, who was studying the effects of progesterone in rabbits. In 1962 Pincus secured Dr. Rock's collaboration and clinical studies began. According to one account [Goldzieher, J. W. and Rudel, H., *JAMA* 230:424, 1974]: "Even at the Laurentian Hormone Conference in the fall of 1956, Rock, Garcia, and Pincus presented a lengthy paper on the laboratory and clinical studies with various synthetic progestins without once mentioning their contraceptive potential.

"In the discussion following, R. B. Greenblatt was moved to comment, 'One fact which stood out in this study is that Dr. Rock has unwittingly (sic) given us an excellent oral contraceptive which may be employed with little untoward effect.' None of the three authors said one word in reply, although with Mrs. McCormack's financing, a clinical contraceptive trial had already begun in Puerto Rico by Garcia and the dynamic feminist and birth-control advocate, Edris Rice-Wray. Norethynodrel was marketed for gynecological indications in 1957, but the promotion of a birth-control pill was another matter. Although both Raymond and Winter of the Searle Company had actively collaborated with Pincus in the contraceptive aspects of the program, the final step was actively resisted by top management. At this critical point, Dr. Rock, an Establishment figure, noted Boston gynecologist, member of the Harvard faculty, and above all, a prominent Roman Catholic layman, provided the reassurance that was needed. Searle took the plunge."

Dr. Rock became an emeritus in 1956, so that those twenty retirement years have coincided with the entire history of the "pill." One might conclude from the above that he is not the Father of the Pill, but the obstetrician. As a father, he would be the first man in history to be the father of more than one generation that was never born.

This writer and a few others have a rather special memory of the Laurentian Hormone Conference of 1956. The conference took (and takes) place in the Mont Tremblant Lodge, on the edge of the wilderness north of Montreal, an area with limited resources for evening recreation. Dr. Rock professed that he was bored with the whole idea of the regular banquet which was to take place on the evening after his presentation. Actually, this may have been a deliberate escape from a discussion of oral contraception, but it was characteristic of Dr. Rock's ability to seek and find superior forms of entertainment. Without much difficulty he persuaded a group of us to join him and since none of us had a car he persuaded a rather retiring biochemist to drive us.

We drove to a neighboring establishment which was less pretentious than the Lodge and a great deal quieter, where just about the only other person in the dining room was a young man eating by himself. Dr. Rock proceeded to bear down on this young man in his usual manner, that of an actor trained in Shakespearean roles and drawing room comedies. Like everyone who has ever been confronted with this affable and yet grandiose presence, the young man was soon giving his personal psychological and sexual history. It appeared that he had been counselled by his psychiatrist to treat a nervous breakdown by taking a year off, going quietly from one resort hotel to another. Dr. Rock's interruptive presence is doubtless now woven like a thread of scarlet in this young man's mouse-

colored memoirs. Before he knew it, Dr. Rock had persuaded him to join us and go to still another resort establishment for the evening, the two of them riding in the young man's sports car and the rest of us making a desperate and obviously somewhat dangerous attempt to keep up in the biochemist's much less distinguished vehicle.

At our next place there was not only a bar but also a capacious dance floor, which we all proceeded to enjoy under Dr. Rock's leadership. After cutting in on one couple, Dr. Rock came back with a detailed report of the sexual problems that these honeymooners were having at the beginning of their marriage, and his recommendations, which were sure to clear the whole thing up. His attempt to treat other honeymoon couples in similar fashion was necessarily modified by the discovery that many of these people were, as he put it, "ladies and gentlemen of pleasure." After all of us, and mostly Dr. Rock, had enjoyed ourselves hugely, we returned again at breakneck speed to the Lodge. Those who were still talking science on the lawn under the stars were regaled by our evening's finale — the sight of our party plunging nude into the swimming pool.

Dr. Rock has abandoned the heavier side of hormone conferences but has not lost his enthusiasm for entertainment. He had his first of several myocardial infarcts in 1944 and has subsequently had other difficulties to which his age entitles him. When I chatted with him the other day he indicated that he felt as always that the "pill" was a good thing. He seemed fit as a fiddle, remarking proudly about the powers of recovery of his urological tract after a recent assault. His evaluation of himself in 1976 was given in cheerful tones, "My cerebrum is half calcified. I look much better than I am." It would seem that the calcified portions are ones that John Rock can do without.

*"Personal relationships are indispensable
to almost any program's
ultimate success"*

by Robert G. Dluhy and Gordon H. Williams

"An avocation becomes particularly significant as one approaches retirement! To be effective, an avocation must be successful in the competition for time and attention of the incumbent." George Thorn's work in biochemical approaches to medicine is well known; less so is an interest spanning his years as physician-in-chief at the Peter Bent Brigham Hospital and Hersey Professor of the Theory and Practice of Physic at HMS, and occupying an important part of his nearly five years as an emeritus: the Thorn Arboretum at Coolidge Point, Manchester-by-the-Sea, Massachusetts. After clearing the land in 1953-1958, Dr. Thorn planted indigenous trees, restoring all of the original nut trees of the area — walnut, hickory, filbert, chestnut; exotic varieties were added later. "An arboretum is a form of natural cultivation which is compatible with a professor's irregular hours and peripatetic movements," comments Dr. Thorn about his naturalist leanings. "Absence for a few days or even a month is not disastrous, and it is obvious that one's efforts in developing an arboretum will be appreciated by others and one is in reality contributing to the pleasure of future generations."

Many of Dr. Thorn's current emeritus endeavors are mirrored in the evolution of his arboretum. Other projects and activities are reaching their maturity now and continuing in full force; moreover, these endeavors reflect the attitudes of a devoted educator who has a true interest in future generations.

Dr. Thorn recalls that in 1946, as one of the original editors of Harrison's *Principles of Internal Medicine*, he had directed the sections on hormonal and metabolic disorders. Perhaps his greatest effort is his involvement in editing the textbook, which has been translated into seven languages and is now in its eighth edition. Dr. Thorn relates that "with the present revision in January of 1977, I have taken the responsibility of chief editor." In his soft-spoken and gentle manner, Dr. Thorn explains the complexities of accomplishing major revisions in the rapidly growing areas of internal medicine, such as immunology and cancer chemotherapy. New sections are being added on drug actions and interactions as well as a section on non-invasive methods of cardiac examination. According to Dr. Thorn, the textbook should be strengthened by new chapters on emergency medicine as well as a new section on endoscopic procedures.

His involvement in medical education has gone beyond the covers of a textbook, to conceptualizing and then helping to implement a new institution designed to benefit medical research: the Howard Hughes Medical Institute.

Dr. Thorn relates that he was one of the four original board members who discussed with Mr. Hughes the establishment and development of the institute. Over the ensuing years, he became director of medical research for the institute, and chairman of the medical advisory board. "The Howard Hughes Medical Institute has developed a strong research program in twelve medical centers throughout the United States," he declares. "Its investigators and employees work closely with the affiliated university hospitals in these medical centers. At present, there are approximately sixty institute investigators located in these twelve medical centers, in addition to laboratories in biochemistry and hematology at the institute's base in Miami." As chairman of the medical advisory board, Dr. Thorn's major responsibility is the day-to-day supervision of the investigators' research activities and their correlation with other members of the medical institute staff. Supervising these investigators is no passive occupation for Dr. Thorn. He has done his share of traveling — more than 34,000 air miles since January alone and often up to 50,000 miles annually. When he is stationary, Dr. Thorn occupies an office in the Laboratory for Human Reproduction and Reproductive Biology at HMS.

George Thorn is quite in his prime, which comes from his belief in and practice of physical activity — he plays a solid game of tennis and golf besides his gardening work at the arboretum. The story is told of how, some years ago, when Dr. Thorn was the Hersey

Robert G. Dluhy '62 and Gordon H. Williams '63 are associate professors of medicine at Harvard Medical School and the associate program director and program director, respectively, for the Clinical Research Center at the Peter Bent Brigham Hospital.



Professor, he was mistaken by a patient for a young resident whom she expected to take a history and physical. The sandy hair and blue eyes still emphasize his youthfulness.

Dr. Thorn has always managed to seize his opportunities and make them work. He has been tirelessly involved with the Harvard-MIT Program in Health Sciences and Technology, and views the innovative HMS-MIT effort with immense satisfaction. He realized the value of such a joint program just when biology was coming into its own at MIT,

and remembers that he was in a "unique position" to give support to its development: he was both a professor of medicine at the Brigham and a member of the MIT Corporation. Dr. Thorn has always appreciated that personal relationships are indispensable to almost any program's ultimate success. His friendship with the late millionaire and MIT alumnus, Uncas A. Whitaker was vital to developing resources for HST. Dr. Thorn emphasizes that in order for the program, under the direction of Irving London '43B, to have a good "head start," it needed a ten mil-

lion dollar core endowment. Since 1974, Dr. Thorn has been co-chairman of the sponsoring committee to raise these funds.

In addition to his appointments as a life member of the Corporation and a member of its executive committee, Dr. Thorn still helps to cross-fertilize ideas as chairman of the visiting committee of the department of biology and chairman of the medical administrative board of the department of medicine at MIT. A possible adjunct to the HMS-MIT Program is MIT's UROP (Undergraduate Research Opportunities Program), which encourages and supports project-based intellectual collaborations between MIT faculty members and undergraduates. With input from Dr. Thorn, this program has subsequently opened up opportunities for MIT undergraduates to become involved with research efforts in Harvard teaching hospitals. He terms UROP "one of the most significant developments at Harvard."

While Dr. Thorn has participated considerably in fostering new ideas having great potential for medicine itself, he has also displayed a concern for bringing knowledge of the history of medicine to as many people as possible. He proudly describes his efforts as co-chairman of a group under the auspices of Boston 200 responsible for developing medical programs and exhibits at the Boston Museum of Science. Not one to give his all to transitory projects, Dr. Thorn put his efforts towards providing a permanent exhibit with universal appeal while preserving the local contributions of scientists and physicians in the greater Boston area. At a recent Bicentennial celebration sponsored by the National Library of Medicine and the Josiah Macy Jr. Foundation, Dr. Thorn was honored for his contribution to the two-volume tome, *Advances in American Medicine* — a chapter summarizing American contributions in endocrinology and metabolism over the past century.

George Thorn has spent these last few years so fruitfully because he followed his own precept of generating "sincere interests and involvements before retirement." And as with his arboretum, he has always strived to build for future generations.

"...a crusade against sepsis in the operating room"

by John Brooks

Carl Waldemar Walter — I met him first in the dog surgery course at the Medical School as did many of us. We had smeared an unpleasant mixture of lamp black and salad oil on our hands and forearms and were blindfolded. We then stepped up to the surgical "scrubbing sink" and did the best we could to show him that we could scrub clean our hands and arms. My first attempt was extremely poorly performed and Carl Walter let me know, in his inimitable style, that I would have to do a better job of scrubbing if I were to carry my patients through operations without sepsis, and possibly death.

I lost track of him then for several years, but when I returned to the Brigham in 1948, there he was again pleading, cajoling and even sermonizing in messianic manner in his crusade against sepsis in the operating room. He had startling slides that showed things the eye cannot catch; swirling currents of bacteria-laden air passing from patient to patient and from surgeon to patient, down hospital corridors and into "clean" operating suites.

In later years he once told me that he derived the normal satisfaction that comes from helping sick patients in a one to one contact; but that his greatest joy was in the knowledge of his contributions to many thousands of patients through his work in controlling operating room environmental sepsis.

John Brooks '43B is professor of surgery at the Peter Bent Brigham Hospital and chief of surgery at the Harvard Health Services. Dr. Brooks was editor of the Alumni Bulletin for some twelve years.

Carl Walter was born in Cleveland in 1905, the son of Carl Frederick and Leda Agatha Walter. His paternal grandfather was a German evangelical Lutheran preacher from Prussia. His father, early on, was a minister himself, then a sales engineer and finally in later life a stockbroker. His mother, a one-time school teacher, was a proponent of women's liberation.

Carl went to high school in Cleveland and worked as a telephone company line-man during most of his spare time. But he also found time for the track team. As a quarter-miler with good grades, he caught the attention of Dr. Elliott C. Cutler, then Western Reserve University Professor of Surgery and Chairman of the Harvard Club of Cleveland Scholarship Committee. Carl had applied to Yale and Michigan and received a promise of handsome scholarships at each of those illustrious institutions; however, he chose to come to Harvard where the scholarship was less impressive.

To help pay his way through college, he did some house painting, some clean-up jobs, some gardening, was a dishwasher at Harvard Law School and did odd jobs there. He says that Lincoln's Inn was noted for its "exquisite garbage." He managed security, ticket takers and ushers at the Harvard Stadium. He ran the quarter mile during his freshman year. One day while running in Mechanics Hall there was an earthquake (a likely story!). This caused him to fall and he sprained his ankle and thereafter stopped running.

"What else did I do in college? I got sophisticated and educated and came to know classmates such as educator William Saltonstall, lawyer Donald Hurley, newspaperman Victor Jones, real

estate man Bob Henneman, former Harvard University president Nate Pusey."

Graduating *cum laude* from Harvard College in 1928, he thought briefly of a career in his undergraduate major, chemistry, but applied to Harvard Medical School. Dr. Cutler had decreed that his protégé would "go to medical school instead of being a chemist," and wrote a letter to Dean Worth Hale to expedite the inevitable. Carl Walter was interviewed on May 1st and admitted on May 5th; a significant variation on the admission theme of today.

During medical school Carl worked in the chemistry laboratory of Dr. Al Horner. An attempt was made by Dr. William E. Ladd, pediatric surgeon at the Children's Hospital, to inveigle him into pediatric surgery. But Dr. Cutler "usually got what he wanted" so Carl Walter ended up as a surgical intern at the Peter Bent Brigham Hospital in 1933. He remained there for the next forty years, until his retirement in 1973.

It was in his early years at the Brigham that Carl became interested in problems of surgical sepsis. On Dr. Christian's medical service, intravenous fluid therapy was not allowed because of the pyrogen reactions that resulted. Often, patients would be transferred to the surgical service for fluid therapy and then returned to the medical service following correction of their fluid needs. Carl Walter decided to try to eradicate the common problem of chills and fever resulting from parenteral fluid therapy. Having a flair for things mechanical, he immediately went to work devising tubing, vents, flasks and needle adapters. The MacAllister-Bicknell Company accepted the designs for production, and



later, Corning Glass adopted his design for flasks that could be easily sterilized and centrifuged.

Carl Walter describes a case of Harvey Cushing's who had a cerebral aneurysm and was losing blood. An attempt was made to give the patient a direct transfusion, but the operating room looked like a slaughter-house before the case was over and the patient received very little of the blood in his blood stream. During World War I the Rockefeller Foundation had developed a sodium citrate blood collection technique. Carl, who was then assistant resident, applied the technique to developing a blood bank at the Brigham. From these early innovations came his flourishing interest and productivity in the allied fields of I.V. therapy and control of environmental sepsis.

I interviewed Carl in his office at the Medical School where he is presently chairman of the Harvard Medical

Alumni Fund. There is a large potted snowflake aralia in one corner of his office; on the wall, two excellent dry-point etchings by dentist/artist Lawrence Baker, one of Dr. A. Lawrence Lowell, (a former patient of Carl Walter's) and the other of Charles Darwin. Behind Carl's desk on one of the bookshelves, a 1947 *Fortune* ad showing Chesney Bonstell's conceptualization of a lunar landing, and beneath it the words, "Fenwal will be aboard."

In 1929 while still in medical school, Carl Walter married Margaret Davis, who later became a public health nurse. In the early 1930s, Carl had become intrigued with providing the proper conditions — mainly sublethal temperatures — so as to stimulate melanomas in golden moths, a delicate breed of fish. As it happened, Carl became acquainted with Wilfred J. Turenne, who had developed a high precision thermostat and the two men worked to adapt it to control the temperature bath

for the fish. This was the serendipitous beginning of a close association and partnership that was later to develop into a large business enterprise. Legare Fenn, a Boston investment counselor, joined the group assuming in part the role of financier. This small company was Fenwal. Its humble origins were in Newton, Massachusetts; it moved then to Danvers and since 1938 has been located in Ashland.

One of the new firm's specialties was the thermostat concept which, based on the differential expansion of two metals interacting on each other, allowed the making and breaking of an electrical circuit as temperature rose or fell. In 1938 and 1939 Fenwal thermostats solved the problems that the British Allison Engine in the Spitfire plane was having — stalling on diving due to poorly controlled temperature regulation. Fenwal thermostats were used successfully in these planes during the war. The concept was next utilized by the Bell Telephone Company for temperature control of crystal ovens. Later, thermostats based on this simple principle came to be used on many airplanes, and still are.

But the thermostat concept was only part of Fenwal Company's production. Carl Walter continued his major contributions to the control of environmental sepsis. His early work with parenteral fluid tubing and flasks expanded to include aseptic collection, storage and infusions of whole blood. In the late 1940s he developed the concept of a non-breakable plastic bag for colloids and for blood to the point where it was extensively used in the Korean war. The plastic bag and fluid therapy concept was bought by Baxter Laboratories in 1956. That sepsis-free utilization of parenteral fluids and blood components is commonplace today stems in significant degree from early inventive work done at Fenwal.

In the late 1940s, Fenwal opened plants in England, France and Italy; and in 1960 another started production in Japan. The company was bought by Walter Kidde and Company, Inc. in 1966, but the germinal Ashland plant retains its original managerial and production staff. During the economic drop in 1974, was there a dip in Fenwal production? No, the same yearly fifteen to twenty per cent rise in production



The plastic bag developed by Dr. Walter and first manufactured by Fenwal

continued and more, not fewer employees were hired.

The company is involved presently in researching, developing and manufacturing high precision heat detection equipment and explosion detection and suppression equipment. Fenwal thermostats (fire and overheating detection devices) are in many of the jet engine driven airplanes in which we all fly, in missiles, in many of the copying machines we all use, and in furnaces, once dependent on a pilot flame principle, but now controlled by Fenwal electronic ignition systems. Fenwal explosion detection equipment triggers large freon-containing "bombs" that respond within 6/1000ths of a second to suppress an explosion after it starts.

I went out to the Fenwal plant the other day. It is a thirty minute drive from the Brigham. Carl is presently chairman of the board, spending "the minute half" of his time there and "the larger half" as chairman of the HMS Alumni Fund. We walked through the plant, which is a veritable maze of machinery and personnel. I watched the workers assembling delicate plastic cards with complicated circuits, circuit-breakers, minute thermostats, large thermostats. I saw machines driven by computers producing other components with amazing sequential precision. Carl seemed to know many of the workers by name — workers from a dozen different nationalities living and working together, as he said, in "general happiness and harmony."

Carl likes to say that what is presently a thirty-five million dollar a year production with approximately one thousand employees producing literally thousands of different small and large

components began forty years ago when they had "two thousand dollars and three good ideas." He tried to explain all these things as we wandered through the factory sections: research, publicity, marketing and production. It is a beautifully coordinated enterprise, I thought — and clean — no major environmental septic problems here. Carl pushed open the door to the men's room — "see how clean these workers keep things," he said. "Why can't we train our hospital personnel to keep their environment similarly clean?"

While Fenwal was becoming well established, Carl Walter did not abandon his clinical work. Although not an extremely busy general surgeon, he was an excellent one and combined his knowledge of general surgery with fracture surgery as a very successful teacher-clinician at the Brigham. He maintained his close association with environmental infection problems that related to the operating room to such an extent that he is today considered the leading authority on operating room infection control. As he points out, "a mop reaches the wound more often than any surgical instrument." Early in his career he devised a method of properly sterilizing instruments, using high pressure steam, and then later, the use of ethylene-oxide for those substances that could not be placed in a fluid medium for sterilization. His book, *Aseptic Treatment of Wounds*, which is in every operating room library throughout the country, and his concepts of control of air-borne particulate infection are fundamental to most hospitals. Carl also made fundamental contributions to the development and use of the artificial kidney working with John Merrill on dialysis concepts first developed by Kolff. In the laboratory he set

up a dog model that showed the effect of combining hypotension acidosis and a circulating blood pigment on the development of acute tubular nephrosis.

In 1960 his doctor told him to find some diversion from his activities at Fenwal and the Brigham. With his partner at Fenwal, Mr. Poitras, he bought some land in Vero Beach, Florida. There he has now developed a seventy thousand tree orange and grapefruit grove, which he visits every couple of months. "It's been good psychotherapy for us all" he says.

Carl Walter's story typifies what we mean by the free enterprise system that is so unique to Western civilization. He himself says that there are six different ingredients in successful industry — an inventor, an entrepreneur, someone's savings, consumers, a cooperative community and human resources. He stands opposed to that type of "economy that is based upon spending what others have earned." He has contributed much more than many ever will through his development of transfusion and parenteral therapy equipment, protection for patients against sepsis and through his part in developing modern heat indication and control and explosion detection and suppression devices. He told me the other day he estimates that products produced as a result of ideas emanating from Fenwal contributed about \$330 million to our nation's gross national product last year. And Fenwal is up there even now aboard Telstar for all to see.

Carl Walter and his wife have brought up a family of six. One is a pathologist, the others are not in medicine, but all are busily engaged in interesting pursuits. What sort of a man is he? Tall, trim, younger than his seventy-one years, he is still a hard working person whose advice is widely sought. Traveling extensively, he has brought his ideas to people around the world. He is positive and direct in expressing himself. He has a strong dislike for inaccuracy and incompetence — which sometimes comes out explosively — and a robust sense of humor. He sometimes riles his colleagues, but those who have known him through the years have tremendous admiration for his intellect, brilliance, innovative thoughts and for his genuine devotion to his friends.

Book Reviews

Black Child Care. James Comer and Alvin Poussaint, Simon and Schuster, New York, 1975. 408 pp. \$9.95.

There are two dangers the authors of this sensitive and suggestive book have successfully avoided. As psychiatrists, they might have emphasized the common problems children everywhere face as they struggle to grow up — to the point that black parents become parents and black children become children. As blacks, they might have, alternatively, emphasized in their analysis the *black* family's problems to the point that one would be likely to forget that black children are, after all, American boys and girls, alive in the twentieth century, and often confronted with psychological possibilities or dangers very much like those other children of comparable age, time, nation, region and so on have to deal with. As the authors remind us in their first chapter, until recently a number of important questions about "rearing black children" were rarely asked. "Blacks and whites alike," they go on to point out, "for different reasons, pretended that all children — in fact, all people — were the same." Or if it was acknowledged that there were differences, the statement was all too often a negative one, meant to banish blacks not only from particular places or institutions, but from any serious consideration of their particular problems, needs, desires, experiences.

The authors state rather clearly their perspective — the reasons, actually, why they have written this book. "We believe there *is* a difference. Growing up black in America, where policy-making attitudes are largely influenced and controlled by whites who are often antagonistic or indifferent to the needs of blacks, poses many special problems for black parents and their children." And then there has been the so-called "black awareness movement," which has made for extensive discussion of skin color as a political, economic and psychological "factor." As a result, "increasing numbers of

people are now conscious of the need to prepare black children to deal with the questions and issues of race in a way which will be most beneficial to their overall emotional, social, and psychological growth and development."

The authors have chosen their way — one which recognizes that black parents are, after all, fathers and mothers, anxious to help their children grow up to be of strong mind and body (and maybe, of soul, too); but are also *black* parents, whose children face an altogether distinct future in this nation, a future which has psychological implications as well as social, cultural, economic and political consequences. Why would anyone, in the name of psychiatry or any other discipline, want to be unmindful of the effect that a given social and economic system or condition of racial exploitation has on the mind's life — on the way children grow up to think about themselves and feel toward others? What seems like the purest of

common sense, unfortunately gets missed or taken too much for granted even by so-called "experts," who, rather willing to score their own points, single out one or another aspect of psychological reality, forsaking all the while as much as they pay attention to. Dr. Comer and Dr. Poussaint have no interest in denying the subtleties of family life — the overwhelming importance of the oedipal drama — upon a child's mental development. But they know that at three or four a boy or girl begins to get all sorts of ideas about the significance of skin color, and starts asking questions in order to help clear up his or her thinking — so that, really, he or she can know the score, and be in a better position to deal with what the coming years will offer.

Many blacks will be able to help their children get to that position by virtue of this book; as mothers and fathers they will feel, perhaps, a bit more self-confident when they take up the various and special tasks of parenthood. They may well answer questions more knowingly; may, indeed, anticipate a number of questions. And they will be, in many instances, more hopeful and responsive individuals. Pages of this book are addressed, inevitably, to all parents — to mothers and fathers bound to be perplexed as well as hopeful as they try to teach their children, encourage them, curb their wilder, more demanding side, help them confront tensions that often are best lived through rather than overly interpreted, but that do sometimes yield a little to a sensitive remark, a thoughtful gesture or suggestion.

As with Dr. Spock's book (or for that matter any book, however scholarly and theoretical) there is always the danger of the literal-minded reader, in search not of advice or knowledge but an answer to anything and everything. Contemporary American society is, alas, filled to the brim with such people and those who cater to them — and so the transformation, in all too many minds, of social science constructs or



psychiatric theories from a means of inquiry into objects of virtual devotion. There are around us quite enough messianic cults or sects which revere so-and-so's every word, or such-and-such a "treatment" as the only "true" or "definitive" one. There are quite enough agnostics willing to turn psychi-

atric thinking into a religion. The tone of this book works nicely against such an inclination; the authors want to be of help to others, but they do not abandon common sense or lose a sense of humor, as they try to anticipate the various dilemmas their readers will face. Their book, accordingly, would help

many white parents — help them as parents as well as help them realize how it goes for others in this country of ours.

Robert Coles, M.D.

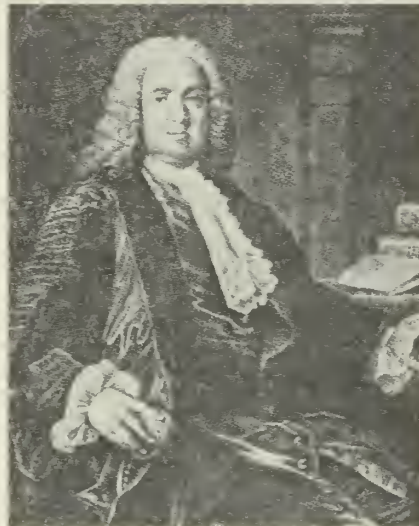
Research Psychiatrist to the University Health Services

In the Sunshine of Life: A Biography of Dr. Richard Mead 1673-1754. Richard H. Meade, M.D., Dorrance, Philadelphia, 1974. 143 pp., \$7.95.

Though not related through family, Dr. Richard Meade, the biographer, does demonstrate a kinship of understanding with Dr. Richard Mead, his subject, in this well-written portrayal of the physician whom his friend and patient, Samuel Johnson said "... lived more in the sunshine of life than almost any man."

Born in Stepney, England in 1673, the eleventh child of a respected clergyman, Mead studied at Utrecht, Leyden and Padua, where he received his medical degree. At Leyden, one of his classmates was Herman Boerhaave, who became the foremost physician of his time and with whom Mead maintained a close correspondence. After Mead returned to London, his talents were recognized by John Radcliffe, whose enormous practice had generated sufficient funds to establish the Radcliffe Infirmary.

"Mead, I love you," said Radcliffe, "and I'll tell you a sure secret to make you a fortune — use all mankind ill." Happily, Mead did just the opposite. Where Radcliffe was crude, Mead was courtly. Radcliffe scorned books; Mead was enamored of them and amassed one of the truly great libraries which he generously made accessible to all interested. His passion for collecting extended to statues, gems, engravings, drawings, coins, medals and paintings, including many by Rembrandt, Titian, Holbein, Raphael, Breughel and Van Dyck. He attracted scholars for whom he provided sustenance and incentive and the means to publish their works. The greats were his friends and patients: Isaac Newton, Alexander Pope, Jonathan Swift, Queen Anne and Thomas Guy, whose beneficence founded the hospital named in his honor.



Portrait of Dr. Mead by Allan Ramsay

Mead had a grasp of his times and was such a pivotal figure that any development of importance in science or the arts had to pass his scrutiny. Although he was the epitome of the carriage-trade doctor, he also treated the poor without charge. His services were sought by recently licensed apothecaries, who, realizing their deficiency and in the fashion of the day, met Mead in the evening at Tom's coffee house in Covent Garden, where, without seeing the patient, he gave a consultation for "half a guinea."

Not a great contributor to the literature nor to pure science, he authored interesting treatises: *Mechanical Account of Poisons* and *The Influence of the Sun and Moon upon Human Bodies and the Diseases Thereby Produced*. His most important book concerned the plague which he felt was spread by contagion, a concept not well accepted in its day. He advised quarantine and burning of contaminated goods and even houses, where possible. One of his recommendations was that "...

sound people should be stripped of all their clothes, and washed and shaved, before they go into their new lodgings. These removals should be made in the night, when the streets are clear of people; which will prevent all danger of spreading the infection. . . ." The spread of the disease he attributed to some unknown factor, which today we recognize as rats and fleas. For his acumen and insights about the plague, he has been called "the Father of Public Health."

Mead on Mead should be read because it is enjoyable and instructive. By viewing Mead and his times, we are permitted a perspective of ourselves and our age. Mead belonged to the coterie of the cultured for whom the world's knowledge seemed finite and manageable. He and his learned friends considered themselves rightful occupants of the earth and not aliens. Their lives were integrated by a holistic view of man, God and nature. Although not a genius or an innovative thinker, Mead appreciated these qualities in others. His generosity and breadth were noteworthy then and seem even more remarkable now.

In these 143 pages, the reader gains much, despite the fact that the author had to resurrect Mead without benefit of any diary, only a few letters and no belongings, the last having been destroyed during the bombing of London in World War II. A gratifying feature of the book is a fastidious bibliography and detailed chapter notes. Those interested in medical history will appreciate this item in the library, notwithstanding the remark by Mead's companion, Dr. Johnson: "No place affords a more striking conviction of the vanity of human hopes than a public library."

Robert M. Goldwyn '56

Associate Clinical Professor of Surgery

The New Handbook of Prescription Drugs. Richard Burack, M.D., with Fred J. Fox, M.D., Ballantine Books, New York, 1975. 440 pp., \$1.95.

This is the third edition of Dr. Burack's book, purportedly the "famous, authoritative handbook that explodes the myth of brand names in prescription drugs." It is divided into two astoundingly different sections. The second section (pages 125-428) provides concise descriptions, in lay terms, of the pharmacologic actions and therapeutic uses of most drugs prescribed in American medical practice. With few exceptions, these descriptions are reliable and accurate. Following this are listed the wholesale prices of these drugs, including both generic and brand names when both are available. The list leaves little doubt that wholesale costs of generically-available drugs are substantially less than costs of the same drug purchased by brand name.

These well-organized and useful data are preceded by a foreword, a preface, and three introductory chapters of rhetoric which typify a widely-espoused approach to a new discipline best described as pharmacopolitics or pharmacophilosophy. This mode of thought, of which Dr. Burack is a prominent pioneer, has indeed had an explosive impact on attitudes toward drug manufacture, prescribing and dispensing. As with many popular trends, however, critical assessment of its intellectual basis is sorely lacking. This reviewer's analysis of the new wave of pharmacophilosophy suggests that its fundamental assumptions are misleading and inaccurate, and that the entire trend may be counterproductive.

Myth: Misprescribing of drugs has caused a rampaging plague of drug-induced morbidity and mortality.

Fact: The prevalence of clinically important adverse drug reactions among ambulatory patients is largely unknown. Data from surveys of hospitalized patients suggest that adverse drug reactions, although frequent, are usually minor, readily reversible, and cause little significant morbidity.^{1,2} Serious drug reactions are uncommon and occur mainly in seriously ill patients who require high doses of potent drugs to control their underlying disease.

Myth: The immoral, profit-directed activities of the pharmaceutical industry underlie the high cost of prescription

drugs as well as the perpetuation of misleading information about them.

Fact: The American people mandate the manufacture and distribution of pharmaceutical products according to the principles of private enterprise. Competition, profiteering and drug promotion may well be inconsistent with rational pharmacotherapeutics, yet the American public is ultimately responsible for such activities that are intrinsic to the system. The clear influence of advertising and "detailing" upon physicians' prescribing is due at least in part to a dearth of concise, critical guides to therapeutics available to practitioners.³

Myth: Prescribing of drugs by generic rather than brand name greatly reduces the cost to the patient.

Fact: The *wholesale* cost differential between generic and brand name drugs is substantial, but retail pharmacists often fail to pass the saving on to the customer.⁴⁻⁷ This is not surprising. Since the retail "mark-up" is usually a percentage of the wholesale cost, there is little financial incentive to dispense an inexpensive generic brand. There is heated controversy surrounding the question of whether pharmacists are permitted or obliged to substitute inexpensive generic drugs for brand-name prescriptions. The controversy is ironic — even when physicians do prescribe generic drugs, pharmacists are inclined to dispense expensive brand names.

Myth: The Food and Drug Administration (FDA) effectively protects the public from dangerous and unnecessary drugs ruthlessly promoted by the pharmaceutical industry for profit.

Fact: The apparent overconservatism and bureaucratic sluggishness of the FDA is drawing increasing criticism. Whether the public benefits from the FDA's restraining influence is by no means established.⁸ Nor is it clear that these regulators should be exempt from regulation.

Myth: The *Medical Letter* is a comprehensive therapeutic guide which should be the clinician's bible of drug therapy.

Fact: According to its editor, the *Medical Letter* "considers new drugs useless and potentially dangerous until proven otherwise."⁹ The publication

strongly emphasizes anecdotal negative data provided by its network of consultants. It does not purport to provide comprehensive reviews of therapeutics. The *Medical Letter* is an effective counterbalance to promotional claims made by pharmaceutical manufacturers, but neither source can be considered as a guide to therapeutics.

Inconsistencies in the American system of drug manufacture and distribution are not the fault of any single interest group. Neither governmental decree nor inflammatory rhetoric will resolve the problems. It is time for pharmacophiles and pharmacopoliticians to suggest realistic solutions.

David J. Greenblatt '70

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Letters

An edifice complex

Every time I return to a Harvard Medical facility, there seems to be a new building on a piece of land that I never knew existed. As the cost of medical education and medical care rises, I wonder how much of that rise is due to the cost of these new edifices? The only time I have seen an attempt to translate the impact of building costs on medical care was in the *Boston Globe* (December 21, 1975) which stated: "The massive borrowing necessary to build the Affiliated Hospitals Center . . . will add about \$25 to the daily cost of care at these already expensive institutions. . ."

Has there been any attempt within the medical school to estimate the total cost of construction at Harvard facilities over the last five to ten years and to measure its impact on the cost of education and medical care? And, has there been any estimate of how these expenditures have improved the quality of the education or the care given. If such studies have not been done, I think this would be a fruitful area for the *Bulletin* to explore.

Karl Singer '67

Causes of Vanderbilt disrepair

The following letter was passed on to the Bulletin via J. Englebert Dunphy '33, who received it in response to the epistle he sent to alumni last October on behalf of the Task Force of Presidents sponsoring the Alumni for Vanderbilt Hall fund-raising drive. — Ed.

Fifty years of "hard use" hasn't taken its toll of Vanderbilt Hall. It is ten years of "abuse" by a student population that has no respect for private property or the rights of others. I lived in a dorm in

Harvard yard that was over a hundred years old but it was clean and well cared for by students and University alike. I lived in Vanderbilt forty years ago and the same was true. It was a privilege and experience for which I am grateful to Harold Vanderbilt, Frank Rackemann and all the others that made it possible.

I am appalled by present Harvard students who appear on the wards with filthy, disreputable clothes and dirty fingernails, hands and hairy bodies, purporting to be physicians. Most patients cringe and I personally wouldn't let them touch me with a ten foot pole. I am disgusted by the present condition of Vanderbilt Hall which shows the obvious evidence of abuse, not use. Their unspeakable hygiene is only outdone by their degrading conduct and morals.

We have torn down slums and replaced them with new buildings only to see them become slums again in a few years. Until the present students show that they can clean up and maintain Vanderbilt with respect, I can see no point in providing them with a renovated building to destroy again.

Harry L. Mueller '34

Professional attitudes

In response to your interesting and informative articles on medicine in Zuni Pueblo, New Mexico:

I must take Leonard Nelson '76 to task for his condescending, racist attitudes. He refers to the Tribal Historian as "Andrew." Mr. Andrew Napetcha is old enough to be Mr. Nelson's grandfather, aside from being a wise man, a warm human being and a fund of information on the Zuni Indians. For many years I had the pleasure of being a guest in Mr. and Mrs. Napetcha's house and I find this disrespectful attitude most offensive. Mr. Nelson also needs a lesson in confidentiality: referring to patients by their first names and in a manner such that they can be identified is most unprofessional and a betrayal of the trust that one places in a physician.

As for Kim Masters '72: we too wish that he had taken a rotating internship in-

stead of one in internal medicine, as we were on the receiving end of Dr. Masters' referrals!

Kathleen London, SRN.CAPO
Emergency Room Nurse, 1973-74
Gallup Indian Medical Center

C. David London '71
Assistant Surgeon, USPHS. 1972-74
Gallup Indian Medical Center

Primary care at the AHC

I read with great interest your article regarding the proposed Affiliated Hospitals Center. I am a graduate of the University of Utah College of Medicine but took four years of postgraduate training in Boston with the Harvard Family Medicine program and became board certified in both family medicine and internal medicine. I am currently the director of the family medicine residency program at the University of Utah.

I feel strongly that the emphasis on "primary care" is a very healthy thing and a much-needed change in direction of medicine in this country. I'm delighted to see that even Harvard recognizes this need and is putting emphasis on providing primary care physicians.

David N. Sundwall, M.D.
University of Utah Medical Center

Our faux

The *Bulletin* is a sophisticated, informative and enjoyable privilege of alumnus-hood, and I wouldn't want to sound anything but proud of it. I am one hundred percent in agreement with Dr. Nadelson's message in the January-February issue, and I can allow the mis-spelled "infurated" on page 15, and I suppose a split infinitive (page 14, "to selectively edit —") is no longer a valid reason for alarm, but I am grieving over the "mitigate against" faux pas (paragraph 3, page 13). How could *that* get in and get through?

O tempora, O mores. O militare!

Thomas H. Coleman '44

Our only excuse is that the pressure of a printer's deadline militated against thorough copyreading; we hope this will mitigate Dr. Coleman's alarm. We also wonder whether Dr. Coleman dropped a superfluous hyphen into "mis-spelled" (sic) just to see if he could catch us again! — Ed.

Trivial but trying

The women's issue of the *Bulletin* and the response of Dorothea Hellman '57 to it give an opportunity to note some observations which have intrigued me.

There are many women who are very successful and who never feel the subtle and not so subtle pressures so beautifully described by Mary P. Rowe. To such women the methods our society uses to keep women in their place are not a concern and women who fuss about them are often viewed as silly. There appear to be two major groups of women in medicine who feel this way: the truly successful professional women and the ladies. Group 1 are the successful professional women who have had confidence in their own ability to assume a professional role plus far above average intelligence and competence and a natural assertiveness. Because of these special talents their associates view them as special people and they have a great deal of respect and are never overlooked, ignored, put down, etcetera, as are most women who are more accustomed to the more traditional "supportive" role of a woman. There are other women who never feel restricted in their roles because they have fully accepted the limitations and restrictions which women are "supposed" to accept and never have questioned them. They are usually lovely, gracious ladies and I suppose they got into medicine because they were exceptionally intelligent and/or had one or more sponsors who liked them and helped them past the barriers. Little girls are often told that sweetness wins more points than assertiveness. This latter game now has new ground rules and is now the basis for the practice of vaginal politics.

Dee Hellman certainly was a Group 1 woman and it is not surprising to hear her object to the women who are com-

plaining because they feel trapped by the usual woman's role and can't find the career ladders readily available to women (there are few if any!). I agree with her that many of the examples are trivial stuff, but the effects of this trivial stuff are real. But I also agree with Dee that there are very real problems and often many conflicts caused by the multiple roles of professional women who are also wives and mothers, and anyone who accepts these roles must be prepared to cope with them. But professional men who take their family responsibilities seriously have similar conflicts and the rewards are well worth the investments required.

It has been a real pleasure to see the *Harvard Medical Alumni Bulletin* concerned about these issues. Perhaps better solutions to the problems can be found.

Emma Krall Harrod '57

How do the Saudis do it?

The November-December edition is surely a good one, like all of them, and I enjoyed it very much. I have been interested in the American University of Beirut for years, and enjoyed Samuel Kirkwood ['31]'s article greatly. It would be nice if he amplified his statement [p. 38], "there is a fantastic new idea being worked out in Saudi Arabia for nationwide provision of health care."

Warren B. Cooksey '26

CLASSIFIEDS

Winchester, Massachusetts: Delightful renovated house with pre-Revolutionary origins in secluded West Side location. Large panelled living room with fireplace, 7 bedrooms (master bedroom with fireplace), 3½ baths, dining room, large kitchen, laundry. Available Sept. 1st. \$97,500. Call owner at 729-3123.

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